DukeCard Duke University DukeCard Request Form

SECTION 1: Applicant to Complete

Duke Unique ID#: _____ **or** Net ID: _____

Name: _____

Payment Method (check one): ☐ Credit/Debit   ☐ Bursar   ☐ Flex   ☐ Fund Code
Section 2 must be completed.

I certify that the information I have provided is correct and I agree to pay for this DukeCard via the method indicated

Signature: _____   Date: _____

SECTION 2: HR, Manager or Sponsor to Complete

Department/Company Name: _____

Cost Object #: _____

Phone #: _____   Duke Unique ID #: _____

Approval Signature: _____

Please check for additional request:

☐ Prox Card Need   ☐ iClass Card Needed (Biometrics)
List Primary Prox Building(s) and/or Door(s):   List Primary Prox Building(s) and/or Door(s):

_____   _____

_____   _____

_____   _____

SECTION 3: DukeCard Office Use Only

ID Type: _____   Amount Paid: _____   Date: _____   Staff Initials: _____

1/19/2024