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

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

List Primary Prox Building(s) and/or Door(s):

________________________________________

________________________________________

________________________________________

☐ iClass Card Needed (Biometrics)

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