

IDENTIFICATION CARD APPLICATION FORM

YOU MAY BE REQUIRED TO PRESENT A VALID PHOTO ID OF YOURSELF TO RECEIVE A UMAINE-PRESQUE ISLE ID CARD.

MaineStreet ID No		
Full Name (Please print legibly):		
Last	First	Preferred
Mailing Address:		
Street/PO Box:		
City:	State:	Zip:
Date of Birth: Month:	Date:	Year:
University Email Address:		@maine.edu
Contact Number:		
Please complete all necessary infor	mation below:	
Student	Faculty/Staf	f
Resident	Building	Room
Commuter		
Replacement		
I understand that my initial ID car my MaineStreet account.	d is free. A replacement card	is \$20.00, which will be charged to
Signature:		Date:
Created	**********	**************************************
By: Bill to Student Financial Services (Fa	ov # 768-9509)	Date Faxed: