



**Western Connecticut State University**  
**WESTCONNECT Card Office**  
**Administrative Services**  
181 White Street □ Danbury, CT 06810  
Phone 203.837.9311 □ FAX 203-837-9317  
www.wcsu.edu/westconnect



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**WESTCONN AT WATERBURY  
REPLACEMENT ID CARD FORM**

Name: (first) \_\_\_\_\_ (last) \_\_\_\_\_

Student Identification Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Gender:                      Male \_\_\_\_\_ Female \_\_\_\_\_

I understand that my university account will be charged \$5.00 for the replacement of the identification card.

I understand that fraudulent use, possession, or complicity in the use of a lost or stolen identification card is punishable by administrative sanctions and/or criminal prosecution under the Connecticut Penal Code. If an identification card is found, I am to return it to the WESTCONN at Waterbury Campus.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**OFFICE USE ONLY**

WESTCONNECT Employee: \_\_\_\_\_

Print Count: \_\_\_\_\_ Charges entered: \_\_\_\_\_ Old Permit #: \_\_\_\_\_