



# ID CARD REQUEST FORM

DIN: RUW-ADM-T-002

RN: 03

ED: 11/06/2017

|                                  |  |   |
|----------------------------------|--|---|
| <input type="checkbox"/> STAFF   | <input type="checkbox"/> STUDENT             | <input type="checkbox"/> FAMILY MEMBER / DRIVER     |
| <input type="checkbox"/> VISITOR | <input type="checkbox"/> CONTRACTOR / VENDOR | <input type="checkbox"/> GYM MEMBER / DORM RESIDENT |

Affix recent  
passport sized  
photo here

|  |   |  |
|--|---|--|
| NAME:  |   |  |
| RUW ID :   | CPR No:   |  |
| COLLEGE/DEPT.:                                       | ACADEMIC YEAR:  |  |
| Requesting for: <input type="checkbox"/> New ID Card | <input type="checkbox"/> Replacement of Lost ID Card* | <input type="checkbox"/> ID Card Renewal |

*\*Note: In case of a lost ID card a replacement/re-issue fee of BD 25,000 will apply*

|               |            |       |
|---------------|------------|-------|
| Name (print): | Signature: | Date: |
|---------------|------------|-------|

Dd/mm/yyyy

### FINANCE OFFICER

|   |                   |       |
|---|-------------------|-------|
| Finance Officer: <input type="checkbox"/> | Receipt No: _____ |       |
| Name (print):                             | Signature:        | Date: |

Dd/mm/yyyy

### DECLARATION

I declare that I have received my RUW ID card and that I will use it in accordance with University policies and will not under any circumstances, share my ID with any other party in or outside the University.

|  |            |       |
|--|------------|-------|
| ID Card Received: <input type="checkbox"/> |            |       |
| Name (print):                              | Signature: | Date: |

Dd/mm/yyyy

### FOR OFFICE USE ONLY:

|                      |            |       |
|----------------------|------------|-------|
| Request received by: | Date:      |       |
| Name (print):        | Signature: | Date: |
| Processed by:        | Date:      |       |
| Name (print):        | Signature: | Date: |