University of Alaska Southeast
WHALEcard Office
11120 Glacier HWY
Juneau, Alaska 99801
(907) 796-6258

UAS WHALEcard ID Application Form

Name: _____
Last Name First Name MI

UA ID Number: _____
(UA assigned number)

Status:
- ☐ **Faculty/Staff - Department** _____
- ☐ Student
- ☐ Retiree
- ☐ Alumni
- ☐ **Other** _____
  (Specify Association)
- ☐ Replacement Card ($10 replacement fee)

For your security, only your picture and name are imprinted on your card. Your identification number is encoded on a magnetic strip located on the back of the card.

I certify that the information I have provided on this document is correct. I have read the information as stated on the reverse. I understand and accept the terms and conditions as set forth.
forth.

_____ _____
Signature Date

For WHALEcard Office Use Only

Card Holder Identification Verified: _____ Picture ID Type: _____
Issuers Initials: _____ Issue Date: _____
If Remote Image Capture, Image File Name: _____
Replacement Fee Amount: _____ Issue Number: _____