AMDA College of the Performing Arts
LOS ANGELES

Student ID Card Replacement Request

Please make a payment with Student Accounts on the 4th Floor of the Tower Building.

1. Lost or stolen ID cards will be replaced after you pay the $25.00 non-refundable fee.
2. A request for a Student ID Card replacement will take approximately 1–2 business days to process.
   a. You will receive an email once it's available for pickup on the 2nd Floor of the Tower building.
3. All requests must be accompanied by a proper form of identification (i.e. government issued state identification card, driver's license and/or passport).
4. Student Papercut account password will automatically be updated when this request is fulfilled. If an old ID card is found, please surrender it to Student Affairs on the 4th floor. Students will not be able to print using an old ID card.
5. Access to campus building will also be updated to new ID. If old one is found, please surrender to Student Affairs.
6. According to the AMDA Student Handbook, "Students are obligated to have their current AMDA ID card with them at all times for access to campus housing and facilities, and to present ID cards for identification upon request by any AMDA official."

Name _____   **Student ID** _____

Phone Number _____   **AMDA Email Address** _____@amda.edu

Address _____
      Street   Apt #   City   State   Zip   Country

Housing Assignment   ☐ On Campus (Apartments, Bungalows, Vine) ☐ Allview   ☐ Franklin   ☐ Gilbert
            ☐ Off Campus/Commuter

REPLACEMENT INFORMATION

Reason for Request (check all that apply)

☐ Lost or stolen   ☐ Damaged   ☐ Change Name*   ☐ Preferred Name**   ☐ Other _____

*Damaged or change of name ID cards will be replaced at no charge when you forfeit your old ID card.
 Proper documentation of change of name must be on file with the Education Department.

**If your preferred name is different from your legal name, AMDA will make you an ID with your preferred name. Please note IDs made with preferred name may not be used for employment information.

PAYMENT DETAILS

Method of Payment

I, _____, authorize the Student Accounts department to process this non-refundable fee through one of the following payment options (please select one):

☐ Cash   ☐ Check #_____

☐ Credit Card #_____   CVV _____   Exp. Date _____

   Billing Address _____

   Cardholder's Name _____   Signature _____

☐ Charge Student Account

Payment Received/Processed By _____   Date _____

SIGNATURE

Signature _____   **Date** _____

FOR OFFICE USE ONLY

Notes _____

ID Created By _____   ID Created On _____

Student Notification Email Sent By _____   Date _____

Student Access/Papercut Updated ☐ Yes ☐ No Updated by Initials _____   Date Updated _____