



Western Connecticut State University

WESTCONNECT Office

181 White Street □ Danbury, CT 06810
Phone 203.837.9311 □ FAX 203-837-9317
www.wcsu.edu/westconnect



WESTCONNECT CARD REPLACEMENT FORM

There is a **\$15 charge** to replace your university identification card. Once the card is replaced, the replacement fee is not refundable and any previous cards, if found, cannot be reactivated. The \$15 fee is charged to your university account, and is payable on-line (E-Z Pay) or at the Cashier's Office. This new card replaces any cards that are lost or stolen and cards that have been damaged from improper care.

Please refer to the website at www.wcsu.edu/westconnect for all policies associated with the WestConnect Card.

Name _____
Last First MI **WCSU Student ID #**

Home Address _____
Street City State Zip

Phone (____) _____ (____) _____
Home Cell

Residence Hall: _____ Room # _____

- Please note: If you live in Pinney Hall, you must notify your resident director that you have received a new WestConnect Card.

Do you remove a key tag from an electronic key box on campus? ___ Y ___ N

Responsibility Statement

I understand that my university account will be charged \$15.00 for the replacement of a university 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 University Police Department. The Connecticut state law provides that persons making false reports to law enforcement officials may be punished by imprisonment for no more than one year, or a fine of \$1,000.00 or both. Any enforcement action taken by the university Police Department based on information on this report will be at the discretion of the University.

With my signature, I certify that the above information is correct and acknowledge that I am responsible for abiding by the WCSU WESTCONNECT Office policies related to use of the card.

Signature: _____

Date: _____

For Office Use Only: Issue Code _____	Issued By _____
Banner Charges Entered By _____	Date: _____