



## Name Badge Replacement Form

Student Name: \_\_\_\_\_

Program: \_\_\_\_\_

Date: \_\_\_\_\_

Name to appear on badge: \_\_\_\_\_

Reason for replacement: \_\_\_\_\_

*Please note, if you lost your name badge there is a \$5 replacement fee*

### Payment Method: \$5.00 Fee for new badge

I am paying with cash and attaching the cash to this form

I am paying with check, making the check payable to *Bryan College of Health Sciences*, and attaching the check to this form

I am paying with a credit card and my credit card information is:

Visa     MasterCard     Discover     Debit Card     Credit Card    Expiration Date: \_\_\_\_\_

Card Number: \_\_\_\_\_ Security Code: \_\_\_\_\_

My name as it appears on the card: \_\_\_\_\_

Signature: \_\_\_\_\_

**Records and Registration Use Only:**    **Date Received:** \_\_\_\_\_    **Date Processed:** \_\_\_\_\_

**Payment Received:**     Credit     Cash, Receipt # \_\_\_\_\_     Check # \_\_\_\_\_

**Date ordered thru Human Resources:** \_\_\_\_\_

**Date Student Notified:** \_\_\_\_\_