



Name Badge Replacement Form

Please note, if you **lost or damaged** your name badge there is a **\$25 replacement fee**. Badges that don't work or have faded need to be turned in to waive the fee.

Student Name: _____

Name to appear on badge: _____ Program: _____

Reason for replacement: _____ Date: _____

Payment Method:

- Charge to my student account
- I am paying with cash
- I am paying with check – make check payable to Bryan College of Health Sciences
- I am paying with credit/debit:

Visa MasterCard Discover Debit Card Credit Card Expiration Date: _____

Card Number: _____ Security Code: _____

Card Holder Name: _____

Card Holder Street Number: _____ Zip Code: _____

Card Holder Phone Number: _____

Card Holder Signature: _____

Records and Registration Use Only:

Date Received: _____

Date Processed: _____

Payment Received:

- Cash
- Check; Check #: _____
- Credit/Debit

Emailed:

- Biomed (prox access): _____
 - Badge #: _____
- Student for pickup: _____