



Name Badge Replacement Form

Please note, if you lost your name badge there is a **\$25 replacement fee**. Damaged or faded badges need to be turned in when picking up your new badge, otherwise you will pay the lost badge fee.

Student Name: _____

Name to appear on badge: _____ Program: _____

Reason for replacement: _____ Date: _____

Payment Method:

- 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:

- Human Resources: _____
- Student for pickup: _____