

California State University, Long Beach

CSULB ID CARD

APPLICATION AND AGREEMENT FORM FACULTY/STAFF

You must present a valid photo ID

Campus ID#: _____ **Name:** _____
(Please Print)

Local or Mailing Address: _____

City, State, and Zip: _____

Phone Number at Local Address: _____

Department: _____

Campus Extension: _____

Please Read Carefully: The CSULB ID CARD is the property of California State University, Long Beach. There is a fee to replace lost, stolen or damaged cards. I agree to abide by the terms and conditions listed on the reverse of this form which govern the use of the CSULB ID Card. I understand that the terms and conditions governing the use of the CSULB ID Card as a debit card will be activated only after I make a deposit into my Beach Club Account, and such deposit is evidence of my acceptance of those terms and conditions.

Signature: _____ **Date:** _____

To Be Completed by Employer:				
Please CIRCLE One:	CSULB	Foundation	Associated Students	49er Shops
Please CIRCLE All That Apply:	Faculty	Staff	Emeritus	Teaching
	Associate	Graduate Assistant	Volunteer	Retired
	Lectu			
Length of Appointment (if applicable):	_____			
Authorizing Signature:	_____			Ext: _____
	(Payroll Representative or Appropriate Department Administrator)			
Date:	_____			

CSULB ID Card Services (562) 985-7388