

Service(s) Requesting:

- _____ Student ID Card
- _____ Parking Permit
- _____ Replacement ID Card



YOU MUST HAVE A COPY OF: YOUR STUDENT FEES RECEIPT and YOUR STUDENT SCHEDULE

Are you a new ACC student? _____ *Are you a returning ACC student?* _____

Do you have any classes at the Art & Design Center this semester? _____ *Yes* _____ *No*

PLEASE PRINT INFORMATION CLEARLY.

Last Name: _____ First Name: _____
 Address: _____
 City, State, Zip: _____
 Phone #: _____
 Student ID #: _____

EMERGENCY CONTACT INFORMATION (MANDATORY)

Name: _____ Relationship: _____
 Phone #: _____

PLEASE INDICATE ONE ID TYPE	
<input type="checkbox"/> Student <input type="checkbox"/> Nurse Aide Student <input type="checkbox"/> Nursing <input type="checkbox"/> E M T <input type="checkbox"/> Pharmacy Tech <input type="checkbox"/> Healthcare Student	<input type="checkbox"/> Spring International <input type="checkbox"/> Law Enforcement Academy <input type="checkbox"/> High School <input type="checkbox"/> LPS Student <input type="checkbox"/> ACTS or COLS <input type="checkbox"/> Other _____

Motorcycle Parking Registration	
Make: _____	Model: _____
Color: _____	License Plate #: _____

DO NOT WRITE IN THE SPACE BELOW	
Date: _____	Issuer's Initials: _____
Picture ID/Schedule: _____	Parking Permit #: _____
ID #: _____	Hang Tag: _____
Payment Amount: _____	Payment Method: _____
	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Charge