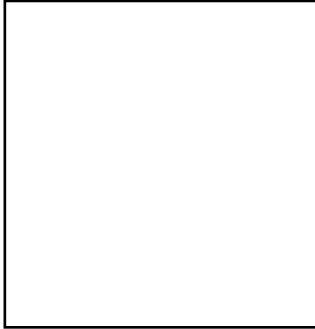




**ID CARD REQUEST**

**Part 1: Completed by Applicant.**

**ID CARD REQUEST (FOR SCANNING PURPOSES)**



Clear Colour Photo with solid colour background  
(Do Not Glue)



SIGNATURE in Black Ink (Do not touch edges of box)

FULL NAME (in print) \_\_\_\_\_

STUDENT/ STAFF NUMBER \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
(d/m/y)

RETURN ADDRESS FOR ID CARD: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

**Part 2: Completed by an authorized\* person**

\*AUTHORIZATION: The following MUST be completed by University Staff, Police Officer, Medical Doctor, Commissioner of Oaths, Justice of the Peace or Notary Public

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

POSITION: \_\_\_\_\_

**Part 3: Completed by the authorized\* person - SIGN THE BACK OF THE PHOTO & BELOW:**

I, \_\_\_\_\_, CERTIFY THE AUTHENTICITY OF THE ABOVE PHOTOGRAPH.  
SIGNATURE

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Your personal information is being collected under the authority of The University of Manitoba Act. The information you provide will be used by the University for the purpose of completing your request for a University of Manitoba ID Card. Your personal information will not be used or disclosed for other purposes, unless permitted by The Freedom of Information and Protection of Privacy Act (FIPPA). If you have any questions about the collection of your personal information, contact the Access & Privacy Office (tel. 204-474-9462), 233 Elizabeth Dafoe Library, University of Manitoba, Winnipeg, MB, R3T 2N2.