

This form must be completed for every TrojanCard that is reported lost/stolen damaged.

		(Please Print)			
Date:	Time Reported:_		Lost	Stolen	Damaged
(Verify Studer	nt Identification with som	e type of Id and/	or their Tro	ojanCard pi	cture)
First Name		. Init.	Last Na	me	
VSU ID #:	Local Telephone # ()				
	VSU 1Card Rep	placement Term	s and Con	ditions	
The follow	wing terms and condition	s apply wheneve	r a replacen	nent Trojan	Card is issued
 The rej The Example Author student (the perpendicular) 	placement fee for a lost caplacement fee for a damage exception: In extenuating rization only), a card may a chance to obtain required will not exceed 3 but the extension deadline for anderstand and agree with the extension deadline for anderstand and agree with the extension deadline for and the extension deadline for an extension deadline for a damage	ged card is \$10.0 circumstances (value be issued tempo red funds or to his siness days). An reactivation.	with the Tro rarily. This ave their or y applicable	ojanCard M s is only do iginal card e fees must	anager's ne to give the mailed from home be paid on or
	Signature			Date	
		(For Office Use C			
Lo	ost Card (\$25.00)	Damaged/	Deactivated	l Card (\$10	0.00)
Replaceme	ent Card Issued By:				
Fee Waive	ed By:	Reason:			
Revised or	n 01/05/15				

NOTE: ALL SALES ARE FINAL!!!