

Custodian Change Form for Student One Cards

Email: OneCard@umsystem.edu

Columbia

KCity

Missouri S&T

St. Louis

Date of Request _____

Name as Shown on Student Card: _____

Last 4 Digits of Card Number: _____

Current Custodian Information

Current Custodian: _____
(Print Name) (Signature) If not available, write NA

(7KH & XUHQW & XVWR & CD & Diff. for SWIR will be removed from this Student Card)

Replacement Custodian Information

Replacing Custodian: _____
(Print Name)

Employee ID: _____ Phone: () _____

Email: _____

I certify that as a Custodian, I have completed the required trainings (if necessary at this time) and I fully understand the policies and procedures associated with accepting this card.

As the Card Custodian, I will secure each Student One Card when not in use. Prior to releasing a Student One Card, I will inform student of policies, procedures, and card limits. I will track the checkout and use of the One Card by students and ensure that required Documentation has been obtained for each transaction.

By signing this document you agree to all the terms and conditions of the Student One Card listed above. ~~Functions or on~~