

Osprey 1Card Application Form Distance Learning Programs

The Osprey1Card Application Form for Distance Learning Programs and required documents must be submitted by students who wish to obtain a University of North Florida Osprey 1Card but are unable to apply in person. Students must be currently registered for classes at the University of North Florida in order to receive a Osprey 1Card. The Osprey 1Card allows entrance to campus recreational facilities only if Student Activity Fees are paid. Access to the Carpenter Library does not require the payment of Student Activity Fees. For questions please call the office at 904-620-4000. The office hours are Mon. - Tues. 8 am - 6 pm (except during intersession) Wed. - Fri. 8 am - 5 pm.

Instructions:

Step 1: Complete all fields in Section 1 of the Osprey 1Card Application form.

Step 2: Complete Section 2 if you are required to have a Nursing Badge or if you are requesting a replacement Osprey 1Card.

Step 3: Return the following documents to: The University of North Florida, Osprey 1Card Office, Building 8/1100, 1 UNF Drive, Jacksonville, FL 32224.

- ✓ **Completed Osprey 1Card Application Form.**
- ✓ **Submit Color Copy of your Government issued ID, Driver's License or Passport.**
- ✓ **Submit a standard Color passport photo.**
 - (2x2 inches or 51X51 mm in size)**
 - (600 x 600 pixels)**
 - (Background plain white or off-white)**
 - (Full-face view directly facing the camera)**
 - (Neutral facial expression and both eyes open)**

We recommend you use a professional passport photo service to ensure your photo meets all the requirements.
- ✓ **Submit \$7.00 + additional fees marked in Section 2. Enclose a Check or Money order payable to: The University of North Florida**

Step 4: Please allow 7 to 10 business days for delivery of the Osprey 1Card once the form and required documents have been received by the Oprey 1Card Office.



Osprey 1Card Application Form

I am requesting a University of North Florida Osprey 1Card, and by submitting this form and the other documents requested do hereby certify that the information provided is true and accurate.

Section 1: **To be completed by applicant**

Print Name: _____
(Last Name, First Name, Middle Initial)

UNF ID #: _____

Email Address: _____ Day Time Phone #: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

UNF Identification Cards are governed by the official UNF policy on Identification Cards, which can be found at http://www.unf.edu/president/policies_regulations/A-to-Z.aspx. The University Identification Card Policy is number 6.0020P. By receiving a University ID Card you acknowledge your understanding and acceptance of this policy.

Signature of applicant: _____ Date: _____
(Signature)

Section 2: **To be completed by applicant**