



UNF Employee  
Osprey 1Card Application  
Building 8 / Room 1100

Date:

N#

First Name

Last Name

E-mail

Employee Type

Department

The below signature authorizes the UNF Employee to receive an Osprey 1Card. If this is his/her first card the cost is \$10.00. Replacements are \$15.00. Select which below:

1st Osprey 1Card

Replacement Card

College Dean / Department  
Head Signature

Banner Index#

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*Would you give permission for your UNF Photo ID to be published in the University's photo directories?*

Yes      No

*By my signature below, I accept full responsibility for any of my ID card and/or its numbers, for any financial or legal liability associated with its use, and for the terms and conditions of use established by each provider/unit accepting the card for services. I understand that a lost, stolen or compromised card or its numbers must be reported and canceled at the ID Card Office and directly with each service provider in order to limit or cancel continuing liability.*

Signature & Date Received