

# Courtesy Card Application

Bring this form to:

**Stanford Card Office**  
**275 Panama Street**  
**Forsythe Hall, Room 190**  
**Mon.–Fri., 8am–5pm**

or

**Tresidder Union,**  
**459 Lagunita Drive, 2nd Floor**  
**Mon.–Fri., 9am–5pm**

Courtesy cards are available to:

- ▶ Spouses of those eligible for faculty, staff, or student cards.
- ▶ Same-sex domestic partners of students, faculty, and staff.
- ▶ Opposite-sex domestic partners of students.
- ▶ Employees of Stanford Hospital and Clinics.
- ▶ Certain other University affiliates as defined by the administrative Guide.

To obtain your Courtesy Card, fill out the form below and bring to the Card Office.

Please note:

- ▶ There is a **\$20 fee** for any Courtesy Card.
- ▶ You must bring a photo ID (driver's license or passport).
- ▶ Spouse/domestic partner Courtesy Cards require proof that you both reside at the same address (e.g., a bill addressed to you both, driver's licenses showing the same address, a copy of a lease or deed) or a marriage certificate. *Your spouse/domestic partner must accompany you and must bring his/her Stanford ID Card.*

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Indicate the affiliation which makes you eligible for a Courtesy Card.

- |  |  |
|--|--|
| <input type="checkbox"/> Visiting Faculty          | <input type="checkbox"/> Opposite-Sex Domestic Partner (students only) |
| <input type="checkbox"/> Hospital Employee         | <input type="checkbox"/> Spouse  |
| <input type="checkbox"/> Same-Sex Domestic Partner | <input type="checkbox"/> Other   |

If applying as an eligible spouse/domestic partner, enter the spouse/partner's University ID number (located below cardholder's name in upper left corner of ID card).

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I request a Stanford University Courtesy Card and attest that I meet the eligibility requirements. I understand that my Courtesy Card may be disabled if my eligibility changes.

Signature: \_\_\_\_\_ If you have ever had a SUNet ID, please provide it here: \_\_\_\_\_

Date: \_\_\_\_\_

Assigned ID #	(For office use only)	Payment Received										
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Initials: _____												