

Courtesy Card Application

Faculty and Staff
 Forsythe Hall, Room 190
 275 Panama Street
 Mon.–Fri., 8am–5pm

or

Students
 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. If you have questions, call the Stanford Card Office (650) 498-CARD (8-2273).

Please note:

- ▶ There is a **\$20 fee** for any Courtesy Card, payable by cash or check only. No credit cards or debit cards accepted.
- ▶ 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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