

INTERNATIONAL TEACHER IDENTITY CARD APPLICATION

The ITIC is valid for an annual year from the date of purchase. Please print application in clear letters and sign the bottom of the application.

Personal Information

Name _____ Date of Birth _____
Last Name First Name Middle Initial

Address _____ UUID# _____

City _____ State _____ Zip _____

Phone Number (____) _____ Email _____

School Attending _____ Country _____

Beneficiary Information

Your card carries life insurance. Please provide the name and address of the beneficiary.

Name _____ Relationship to you _____

Permanent Address _____

City _____ State _____ Zip _____

Proof of Status

The ITIC is for full-time teachers or faculty teaching for the current academic year at an accredited institution. Qualification requires a minimum of 18 hours per week and must have a minimum of one year employment to qualify. Please provide a photocopy of your faculty ID showing validity for the current academic year.

Payment: \$25.00. If paying by check, pay to the order of The University of Memphis.

I hereby certify that this information is true and I understand that any false statements on my part may result in forfeiture of the benefits associated with this card. I also certify that I have not misrepresented my date of birth.

Signature of Applicant _____ Date _____

FOR OFFICE USE ONLY:

Card Number _____ Date Issued _____

Receipt Number _____