

INTERNATIONAL STUDENT IDENTITY CARD APPLICATION

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

Personal Information

Name _____ Date of Birth _____
Last Name First Name Month/Day/Year

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: Provide one of the following: school declaration with school seal; letter on school stationery from the registrar, dean, guidance counselor, or principal stating you are enrolled during the current academic year; or a photocopy of transcript. Validated college or university cards or photocopies of the current academic year are acceptable.

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 # _____ Signature _____