

RETIRED EMPLOYEE ID CARD REQUEST FORM

STOCKTON UNIVERSITY
101 VERA KING FARRIS DRIVE
GALLOWAY, NJ 08205-9441

SECTION 1 To be completed by the Employee	Personal Identification and Information		
	Last Name	First Name	MI
	Street Address		Apt./Unit Number
	City	State	ZIP/Postal Code
	Primary Phone Number	Retirement Date	Last Day Worked
	Z-Number	Username	
	Previous Division	Previous Department	
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SECTION 2 To be completed by the Employee	ID Card Information			
	ID Card Type			
		Retiree	Emeritus	
ID Card Photo	Delivery Method			
Take New	Retain Existing	Pick-Up	Mail	

SECTION 3	Acceptable Usage Policy Information
	Any Stockton retiree who chooses to opt into University distribution lists must continue to uphold the expectations set forth in the University's Standards Concerning Acceptable Usage, which can be found at: https://stockton.edu/information-technology/acceptable-use-standards.html
Faculty Emeritus/Emerita can find Status and Privileges documentation at: https://stockton.edu/policy-procedure/documents/policies/VI-92.pdf	

Employee Signature _____	Date _____
Human Resources Signature _____	Date _____