

RETIRED EMPLOYEE ID CARD REQUEST FORM

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

SECTION 1	Personal Identific	cation and Inform	ation			
	Last Name		First Name MI		MI	
To be completed by	Street Address			Apt./Unit Number		
the Employee	Street Address Apr./Onlt Number					
City		State	ZIP/Postal Code			
Primary Phone Number	Retirement Date			Last Day Worked		
7.11						
Z-Number Z		Username				
Previous Division	Previous Department					
	ID Card Information					
SECTION 2	ID Card Type	1011				
To be completed by	ib cara type	Retiree	Emeritus			
the Employee		netiree Emeritus				
ID Card Photo			Delivery Method			
Take New		Retain Existing	Pick-Up Mail		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/Emor	rita can find Status and	Privileges documo	intation at:			
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	