

	OFFICE USE ONLY: PLEASE INITIAL ONCE COMPLETED	
	FSUCard Center Charge \$ _____	Comment: _____
	Old# 5894-3710 _____ — _____	_____
	New# 5894-3710 _____ — _____	_____

Reason: First Card Lost/Stolen Damage Other: _____

Status: Student Faculty Staff Other: _____

First: _____ Middle: _____ Last: _____

FSUID (myFSU login) -OR- EMPLID (9 Digits): _____

Address (home or local): _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Please read Terms and Conditions on back before signing.

Signature: _____ Today's Date: _____

Terms and Conditions

1. I certify the information I have provided is correct and accept the terms and conditions of this agreement.
2. I understand there is a fee for any replacement FSUCard.
3. I understand there is an annual FSUCard fee as allowed by 1009.24(14)(c), Florida Statute and authorized by the FSU Board of Trustees.
4. I understand that the Board of Trustees has authorized an inactivity fee for FSUCash if I do not use my FSUCash account for twelve (12) consecutive months. This inactivity fee will not cause my FSUCash account to go into a negative balance and all other uses of the FSUCard will not be affected. In addition, FSU will deactivate the FSUCash account when it has been determined to be inactive to prevent unauthorized use and will require a new agreement by Holder before reactivation.
5. I understand my FSUCard will expire five (5) years from the date I sign this Agreement. To renew my FSUCard after the expiration, I will need to visit the FSUCard Center.
6. I understand that by lending my FSUCard to another party is in violation of the Student Conduct Code, FSU-3.004(VII)(j); of FSU Guidelines for Disciplinary Action for USPS employees in FSU-4.070; A&P employees FSU-4.0592.
As such, I understand that FSU is not responsible for the funds spent on the FSUCash account. I am responsible for all funds spent on my FSUCash account and if I am a minor under the age of 18, my parent or legal guardian who has signed this agreement understands that he or she is responsible for all funds spent on my FSUCash account.
7. I acknowledge that in the case of an emergency, without my consent, the information contained in this agreement may be released to protect the health and safety of myself and/or others. Authority: 228.093(3)(d)(8), Florida Statutes.
8. I understand the Federal Privacy Act of 1974 allows colleges and universities to require the disclosure of Social Security numbers for the purpose of identification and verification of student records, including registration, financial aid, and academic records, and for verification of identity in connection with the provision of its services. The University does not use your Social Security number for student identification.
9. These terms and conditions shall be in effect from the date of receipt of a signed application or online agreement from Holder until the plan is closed.