

CLIPPERCARD

PLEASE COMPLETE THIS FORM AND HAVE A
STATE OR GOVERNMENT ISSUED PHOTO ID READY

Last Name: _____

First Name: _____

*SSU User ID Number:: _____

Primary Classification: Student Faculty/Staff Trustee
 Vendor Patron

ClipperCard Acknowledgements

- (a) I certify receipt of my ClipperCard which includes my correct photo, name, and User ID Number.
- (b) I certify receipt of and acceptance of the ClipperCard Cardholder Rights & Responsibilities.

Signature: _____ Date: _____

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