

ADELPHI UNIVERSITY Photo I.D. Card

* PLEASE PRINT CLEARLY IN **INK** & COMPLETE **BOTH SIDES**

Adelphi I.D. Number: _____

Permanent Telephone No.: _____

Cell Telephone No.: _____

Name: _____
(Last) *(First)* *(M.I.)*

Permanent Address: _____
No. *Street*

City *State* *Zip*

FOR OFFICE USE ONLY

- Adjunct Faculty
- Administration
- Alumni
- Contractor

- Doctoral
- Faculty
- Freshman
- Graduate

- L.A.P
- L.I.F.E
- Special Program
- Staff

- Undergraduate
- University College
- Vendors

Name of Public Safety Personnel

Date Entered Into I.D. System

RESIDENCE HALL INFORMATION

Address: _____
(Residence Hall/Dept.)

Telephone No.: _____
(Extension)

EMERGENCY INFORMATION

Contact Person: _____
(Name) (Relationship)

Telephone No.: _____ *Cell Telephone No.:* _____

