

ITIC Card Application

(Only University of Indianapolis Faculty and Staff)

Application must be submitted with:

- One passport-sized photo (name printed in ink on back)
- Payment of \$22, made out to University of Indianapolis

Terms and Conditions:

I hereby certify that this information is true and understand that any false statements on my part may result in the forfeiture of all card benefits.

For more information about the ISIC card, please go to: www.myisic.com

Please send your application, supporting materials and payment to:
Breezy Anne Wente
1400 E Hanna Ave
Indianapolis, IN 46227

Attach
Photo
Here

Applicant's Signature

Date

Card	Cost	Validity Period
ITIC (Teacher)	\$22 Make payment to: University of Indianapolis	One year from issue date.

Please read the instruction above before filling out your application. Type or print in clear black letters only.

Personal Information:

Name (first,last)

Institution/School Name

Date of Birth (i.e. 09/Jun/82)

E-mail address

Phone Number

Street Address

City, State, Zip

School Declaration:

I hereby certify that the applicant is a Faculty/Staff member at the institution named below during the current academic year.

Signature

Name of School

OFFICE USE ONLY

Int'l ID Card # _____ Year _____