



OneCard Cardholder Agreement



Please check appropriate boxes:

Card Type

- | | |
|---|--|
| <input checked="" type="checkbox"/> Student | <input type="checkbox"/> FLS |
| <input type="checkbox"/> Faculty | <input type="checkbox"/> Student Teacher |
| <input type="checkbox"/> Staff | <input type="checkbox"/> Physician Assistant |
| <input type="checkbox"/> Management | <input type="checkbox"/> Other |
| <input type="checkbox"/> Affiliate | |

Reason for ID

- | | |
|--|---|
| <input checked="" type="checkbox"/> First Card | <input type="checkbox"/> Lost or Stolen |
| <input type="checkbox"/> Expired | <input type="checkbox"/> Damaged or Not Functioning |

Group ID: _____

LHU ID #: _____

First Name: _____

Last Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) ____-____ Cell Phone: (____) ____-____

School Address: _____

LHU Email: _____

** By signing below, I acknowledge I have received, read, and agree to abide by the terms and conditions, regulations, disclaimers, and policies of the LHUP OneCard agreement.*

Signature

Date