

Please have an official ID such as a Driver's License, Military ID or Passport ready to show for verification.

_____ **Student** _____ **Faculty** _____ **Staff** _____ **Spouse** _____ **Visitor** _____ **Other**

Name (Last, First, M.I.)

Cell Phone

Email

I agree to the terms and conditions above for using the CarolinaCard and its associated accounts. I understand that the CarolinaCard and its accounts and all forms, records, and transcripts of its use are the property of the University and that the use of the CarolinaCard and its accounts may be revoked at any time. In addition, I give the CarolinaCard staff my explicit permission to release information regarding my financial account(s) on my CarolinaCard to my parent(s)/guardian(s):

Name Street City State Zip (Area Code) Phone Number Email

Name Street City State Zip (Area Code) Phone Number Email

Signature _____ Date: _____

Revised January 2010