



SMART IDS

APC JC

Date: _____

Last Name: _____
(As printed on the Registration Form)

First Name: _____ Mobile Tel.: _____

Code Number: _____ acg.edu e-mail: _____
(As printed on the Registration Form)

Student's Signature _____

Please submit this form to the Student Success Center.
For any questions please e-mail us at ssc@acg.edu or call us at 210 600 9800 ext. 1326, 1333, 1334

(for office use only)

Description of problem

1. ID not recognized by the system (turnstile).
2. a. Wrong Name c. Wrong Campus e. Spelling Mistake
b. Wrong Photo d. Wrong Code Number f. Change of Name
3. No card issued (photo was taken).
4. Lost card (pay fee)
5. Lost card (no fee)
6. Destroyed card
7. Reactivation of card: a. Complete withdrawal b. Dismissed c. Readmitted

Form processed by: _____ Signature: _____
(Student Success Center)

Cashier's Clearance

The above-mentioned student lost/damaged his/her College Identification Card (ID). A replacement fee of 27.00€ was required and has been paid.

Form processed by: _____ Signature: _____
(Cashier's)