



STUDENT ID CARD REPLACEMENT FORM

Please complete and SIGN THIS FORM. Return it to Student Affairs Office along with all relevant documents.

STUDENT INFORMATION

Name	Surname

Faculty	Study Program

Student ID#	Date of Birth

I declare that all the information given hereby and in the attachments are accurate to the best of my knowledge.

Reason for Replacement

<i>Loss</i>	<i>Damage</i>	<i>Theft</i>	<i>Change in Name/Program</i>	<i>Other Reasons</i>
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Signature:

Date:/...../202...

Note:

Replacement fee in the amount of 20 KM is to be performed at IUS Finance Office. Proof of payment (signature from responsible person) is to be provided below.

For FINANCE DEPARTMENT

Signature	 	Date	
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For STUDENT AFFAIRS OFFICE

Signature	 	Date	
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