Requestfor ID BADGE Replacement

Employee Name: _____ ID #_____

Building: _____Dept._____

Position Title: _____

Business _____ and/or Cell Phone_____

Check one: ☐ Lost ($10 fee applies ONLY to 3rd replacement badge) Check or money order ONLY. Make payable to Nassau BOCES

☐ Damaged (must return damaged badge or it will be consideredlost)

☐ Mail home (Subs or Floaters only)_____

_____

Return by mail to