



**Rockbridge County High School
Request for Replacement Student ID Card**

Date: _____

Student Information:

Name: _____

Grade: _____

Student ID Number (if known): _____

Date of Birth: ____ / ____ / ____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____

Email: _____

Reason for Replacement:

- Lost
- Stolen
- Damaged / Worn Out
- Other: _____

Replacement Fee:

- Fee paid: \$ __5__
- Fee waived (reason): _____

Acknowledgment & Signature:

I understand that by requesting a replacement ID, the original or damaged ID must be turned in (if available). I agree to pay any required replacement fee.

Student Signature: _____ Date: ____ / ____ / ____

Parent Signature: _____ Date: ____ / ____ / ____

Office Use Only:

Processed by: _____

Date processed: ____ / ____ / ____

New ID Issued #: _____

Comments:
