

## Department Wright1 Card (DWC) CHANGE OF STATUS FORM

E234 Student Union 775-5847 (p) 775-5557 (f)



Department Name (as it appears on the DWC)  Main Contact (as it appears on the DWC)  Phone Number				Please circle one:  SUSPEND my current card		
FOAPAL				REPR	INT my lost card	(\$3 fee)
Customer Number (5 or 9 digi	t) – (example: 9	01234 or 0000	91234)			
ADD to my current account:		7	<b>DELETE</b> from my current account:			
Food Service   Copy   Vending			Food Service   Copy   Vending			
Print Wright   Wright Copy Bookstore   Laundry			Print V	Print Wright   Wright Copy		
			Bookstore   Laundry		aundry	
Educational Resou		Educational Resource				
<u>I</u>		_				
	CHANGE n No Reset		scount to: \$100   \$200	I		
Department Head Or responsible person		Business Manager				_
Signature		Signature				
Printed Name		Printed Name				
Date		Date				
For office use only:						
Customer/Affiliate Number Card/ISO Number		nber		odated vision	Staff Initials	
	1		1			