

Plattsburgh City School District

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ID Badge Request

Date: ____/____/____

Status: (*please circle one*) Permanent Substitute (expiration date _____)

ID card Information: (*please print*)

Name: _____
Last First Middle Initial

Building/Buildings: (*please circle all that apply*)

Bailey Momot Oak SMS PHS Duken District-wide

Signature of Building Administrator authorizing issue of ID Badge: _____

If a duplicate card is being requested:

The circumstances regarding the loss or destruction of my original identification card are as follows:

- Lost Identification Card
- Expired Identification Card
- Card Broken / Damaged (Card **must be returned** before a new badge is issued)
- Name Change/Building Change
- Other: _____

Print Name (*as you would like it to appear on badge*) _____

(I hereby acknowledge receipt of an ID Badge from the Plattsburgh City School District)

Signature: _____ Date: ____/____/____

– MISSION –

Our mission is to educate each student of the Plattsburgh City School District by creating challenging, supportive, and interactive learning that advances intellectual, physical, social, and cultural development.