Plattsburgh
City School
District

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Associate Superintendent
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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 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.