



# APPLICATION FOR A UNIVERSITY CARD

## Retiree

(ALSO USE THIS FORM FOR LOST, DAMAGED OR STOLEN CARDS)



Please use **black** ink to complete this form.

**1. I have retired in post and I am applying for:**

New card  Renewal card  Lost card  Stolen card

*Lost cards will incur a £15 replacement fee.*

*For stolen cards, please give your Crime Number to waive the £15 fee:* \_\_\_\_\_

Complete all the details on the reverse of this form including those of your most recent University card or Bodleian reader's card, if any.

2. Staple one **recent** passport sized and style photograph, or email a named JPEG file along with your completed application to your department/college or the Card Office if you do not have a department/college.

**3. Return the completed form as follows:**

- Status A or B (see overleaf) to the - *University Card Office,  
The Malthouse,  
Tidmarsh Lane,  
Oxford, OX1 1NQ*

- Status C-E (see overleaf) to the - *Secretary/Administrator of your institution.\**

- ALL NEW APPLICATIONS (Status A-E) MUST BE COMPLETED BY THE COLLEGE/DEPARTMENT ADMINISTRATOR

4. Pay the £15 fee using the online store at [www.oxforduniversitystores.co.uk](http://www.oxforduniversitystores.co.uk) (click on Product Catalogue and then scroll down through the alphabetical list of stores and click on 'University Card Office').

5. As soon as both this form and your online payment have been received and verified, your card will be sent directly to you (when choosing status A or B) or to the Department or College when appropriate.

**To be completed by the Administrator of the College**

Administrator to then forward to the University Card Office

*I certify that all the details of this applicant's status are correct.*

Administrator's name: ..... Signature:.....

Institution Name: ..... Date: .....

To be completed by the Administrator of the Department Administrator to then forward to the University Card Office

I verify that this individual has retired in post. Yes  No  Date of Retirement:.....

This information is showing in PXD Yes  No  Initials of authorised contact:.....

*I certify that all the details of this applicant's status are correct.*

Administrator's name: ..... Signature:.....

Institution Name: ..... Date: .....

\*The use of the term institution throughout this form refers to any Oxford University department, faculty, or college.

*To be completed by Card Office:*  
Pensions Office Received   
Payment Received

