

# UNIVERSITY OF MIAMI

## LOST/DEPENDENT CANE CARD FORM

UM ID No: C \_\_\_\_\_ Date \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Classification: (Circle one)	Undergraduate	Graduate	Alumni	Vendor (IDR)**
	Faculty/Staff	Research	Chaplain	Volunteer (IDR)**
	Retiree	Dependent ***	Courtesy/Temp	Observer (IDR)**
	Administrative	Law (Staff/Faculty)	Board Member	

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### NOTES:

\*If Cane Card was stolen and reported to the police please complete the following information:

\*Police Case No.: \_\_\_\_\_ (No Charge)

**\*\*Vendor, Volunteer, and Observer must submit an IDR from their department.**

**\*\*\* AS A DEPENDENT, I UNDERSTAND THAT I WILL BE CHARGED A FEE OF \$25 FOR THE FIRST CARD, AND PROMISE TO PAY UPON RECEIPT OF THE BILL.**

\*\*University Employee Name: \_\_\_\_\_

\*\*University Employee Cane ID No.: \_\_\_\_\_

***I UNDERSTAND THAT I WILL NEED TO PAY THE REPLACEMENT FEE OF \$25 VIA CREDIT CARD WHEN CANECARD IS PRINTED***

\_\_\_\_\_  
Signature



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**MIAMI**