

BG1 Plus, www.bgsu.edu/bg1plus 112A Bowen Thompson Student Union Phone: 419-372-4127 Fax: 419-372-4364

Email: Bg1plus@bgsu.edu

STUDENT INFORMATION

PP

Employee Initials:

Legal Name (Fi	rst, MI, Last):	Mailing Address (Street Address, City, State, Zip):
Date of Birth:		
BGSU ID Numb	er:	
BGSU Email Ad	dress:	
Reason (Circle	One): Original La	ost
Check One:	Undergraduate Studen	t Graduate Student
refunds can be conditions of th www.bgsu.edu.	processed after a BG1 Card ne BG1 Card Cardholder Agr	will be posted to your account in the Office of the Bursar. No I has been created. By signing this, you agree to the terms and reement as posted on the BG1 Card website at subject to change without prior notice, by posting the revised
Signature of Stu	udent	Date
Please send th	is completed form along w	vith a copy of your Driver's License, State ID, Military ID or Passport
to:	В	G1 Plus, www.bgsu.edu/bg1plus
		A Bowen Thompson Student Union
	Phone	e: 419-372-4127 Fax: 419-372-4364
		Email: Bg1plus@bgsu.edu
If approved, yo	ur BG1 Card will be sent to th	ne mailing address listed above.
TO BE CON	1PLETED BY BG1 PLU	ıs
Type of ID for	Parent/Legal Guardian che	ecked: Student Enrolled:
DL SID	MID OTHER	\$25 Charge Posted:

Date Produced: