

Requestfor ID BADGE Replacement

Employee Name: _____ ID # _____

Building: _____ Dept. _____

Postion Title: _____

Business _____ and/or Cell Phone _____

Check one: ☐ Lost (\$10 fee applies ONLY to 3rd replacement badge) Check or money order ONLY. Make payable to Nassau BOCES

☐ Damaged (must return damaged badge or it will be consideredlost)

☐ Mail home (Subs or Floaters only) _____

Return by mail to Nassau BOCES

OR

Return by fax (516)

ID Badges are printed once a week and email you out.