



UNITY CENTER FOR URBAN TECHNOLOGIES

Department of Education of the City of New York

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Fausto de la Rosa, Principal

Alicia Ally, Assistant Principal

Wanda Rosado, Assistant Principal

APPLICATION FOR REPLACEMENT ID CARD

Name _____

Date _____

OSIS# _____

Reason for replacement of ID:

Lost

Stolen

.....
(Please print clearly)

Address _____

City _____ State _____ Zip Code _____

Home Phone _____

Student Signature _____

By signing this form, you understand you are responsible for the safe-keeping of your identification card. A non-refundable processing fee of \$2.00 (exact change) must accompany this application.

ID cards will be processed and available for pickup every Tuesday from Ms. Anabella Baksh, Room 711 after the fees are paid in full.