

Email: OneCard@umsystem.edu

Columbia KCity Missouri S&T St. Louis

: _____

: _____

(Print Name)

(Signature) If not available, write NA

(The Current Custodian's Employee ID & contact information will now be removed from this Student Card)

(Print Name)

Employee ID: _____ Phone: () _____

Email: _____

I certify that as a Custodian, I have completed the required trainings (if necessary at this time) and I fully understand the policies and procedures associated with accepting this card.

As the Card Custodian, I will secure each Student One Card when not in use. Prior to releasing a Student One Card, I will inform student of policies, procedures, and card limits. I will track the checkout and use of the One Card by students and ensure that required Documentation has been obtained for each transaction.

(Replacement Custodian Signature)

The Financially Responsible Individual (FRI) is the person designated at the Level 3 College/School/Division, and can be identified in MIS Web APPS> FIN Finance Structure. This form will not be accepted if sent by anyone other than the FRI on record. The FRI is responsible for communicating changes to his/her cardholders' accounts.

_____ Financially Responsible Individual's Signature	_____ Financially Responsible Individual's Printed Name
---	--