



## Request for ID BADGE Replacement

Employee Name: \_\_\_\_\_ ID # \_\_\_\_\_

Building: \_\_\_\_\_ Dept. \_\_\_\_\_

Position 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 considered lost)**

**Mail home (Subs or Floaters only) \_\_\_\_\_**

Return by mail to... Nassau BOCES  
Human Resources Department  
71 Clinton Road,  
Garden City, NY 11530

OR

Return by fax to... (516) 997-2051

*ID Badges are printed once a week and mailed to your location.*