



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
Facilities Department
71 Clinton Road
Garden City, NY 11530

OR

Return by fax to (516) 364-5056

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