ID CARD APPLICATION FORM 2024

For students living outside Dunedin during study ONLY



This form is for Distance Leaning students and other students who are unable to attend the Dunedin ID Card Office during study.

Course Declaration must be completed before an ID card can be issued, so there could be a delay between our receipt of this application and your receiving an ID card.

You must have an ID card to access the Library systems and at examination time as proof of identity. If you have any queries, please email: idcard.officer@otago.ac.nz or telephone 64 3 479 5330. For more information about your ID card please refer to the 2024 Guide to Enrolment.

Please complete Sections A. B and C.

Ticase complete sections 11, D and	J.			
SECTION A: Please indicate whi	ich of the following you are stu	ıdying via:		
I am enrolled in the Distance Lea University of Otago, Christchurch Summer School Programme, Wei Send in this completed form to University of Otago, Wellington Undergraduate students at the Postgraduate students can either Medicine Reception on Level C to All Wellington students except S	h Illington or Auckland the ID Card Office who will po Wellington campus do not sen er send in this completed form o have your photo taken betwee	Output of Output	ddress you state be photo will be taker Wellington campus n, Monday-Friday.	n on enrolment day. s, go to the main School of
SECTION B: STUDENT DETA	AILS * Denotes compulsory fi	ields. Please complet	e ALL the panels b	elow using CAPITAL LETTERS:
Legal Surname/Family Name* Legal First/Given name(s)* Address to send Card*			Date of Birth* User Name (if kn ID number (if kn Telephone* Email Signature*	
SECTION C: Please select and o		options:		
I had a University of Otago Studenty 2024 ID card.	lent ID card in 2023 and wish	h to use the same ph	oto for	*A,, 1 , , 1 1 , , 1 ,
Note: Returning distance studen Be mindful that if your appearance for you when photo and face-mat Check 'Student Details' are compaind Card Office I had a University of Otago Stufor my 2024 ID card.	te has altered noticeably, last y ching identity is required (e.g. pleted correctly, signed and da	ear's photo may caus during examination ted and return this f	se problems is).	*Attach a recent standard passport photo with a plain light coloured background – no holiday snaps or home printed photos please! PLEASE NOTE • Photos must be processed at a Photo Lab or Pharmacy. • Unsuitable or incorrectly witnessed photos will be returned.
Attach a recent standard passport and dated, attach photo and return			rectly, signed	• Do not staple over face as photo is used for ID card.
I did not have a Student ID care passport photo* You will need to ask someone you listed overleaf) and who meets th to certify your passport photo.	ı know who can identify you (acceptable forms of	photo ID	*Please return this form to: ID Card Office Information Services Building University of Otago
Check Student Details are comple	eted correctly, signed and date	ed.		PO Box 56

Check Witness Statement is completed correctly, passport photo certified correctly.

Attach certified photo to this form and return to the ID Card Office

ing Dunedin 9054 New Zealand

SECTION D:	Complete only	if the applicant	did not have a	Student ID	card in 2023
JECHON D.	Complete omy	II the applicant	. uiu iiut iiave a	Student ID	caru III 2023.

WITNESS STATEMENT

Please read the completed 'Student Details' and the witness requirements of this application carefully before completing this declaration.

EXAMPLE

Signed

Date

'Certified true likeness of

<student's full name>'

The Witness will:

- Sight an original, acceptable form of photo ID from the list below, to confirm the applicant's identity.
- · Complete the 'Witness Declaration' in their own handwriting, and
- In their own handwriting on the reverse of the photo, complete the sticker, or write 'Certified true likeness of <student's name>', sign and date it.

A Witness must:

- Be one of the following: Authorised University of Otago employee, Lawyer, Registered Teacher, Minister of Religion, Police Officer, Kaumatua, Registered Medical Professional, Justice of the Peace, Applicant's Employer, and
- Be aged 18 years or over, and
- Have a daytime contact telephone number and be available during normal business hours

A Witness must not:

- Be a relative or part of the family group of the person named in this declaration, or
- Be a wife, husband, de facto, partner or civil union partner of the person named in this declaration, or
- Live at the same address as the person named in this declaration

WITNESS DETAILS

WITNESS DETAILS					
Which one of the following groups do you (the witness) belo	ng to:				
Authorised University of Otago employee	Lawyer	Registered Teacher			
Minister of Religion	Police Officer	Kaumatua			
Registered Medical Professional	Justice of the Peace	Applicant's Employer			
If you do not fit in any of the categories above, you C	ANNOT witness this application				
One of the following four forms of photo identification must person named in this declaration.	be sighted. Please tick which photo	ID you have sighted to confirm the identity of the			
Passport	18+ Card				
New Zealand Driver's Licence New Zealand Firearms Licence					
Please note: If the student does not have one of the acceptabl for instructions on how to proceed: idcard.officer@otago.ac.		ne applicant will need to contact the ID Card Office			
Please complete the following:					
Witness Surname/Family Name	Witness First/Given Name(s)				
Name of Business	Phone/Cell:	Phone/Cell:			
Street address of Business					
WITNESS DECLARATION:					
I declare that:					
Applicant's Surname/Family Name	Applicant's First/Given	Name(s)			
• is the person in the photo that I have named and that					

Date

• the information I have provided is, to the best of my knowledge, true, complete and correct, and in my own handwriting.

Witness Signature		
Official Witness Stamp		