OneCard Application

OneCard / Parking Service Center

Name: _____

PLEASE PRINT

WSU ID Number or WSU Access ID: _____

(THE ID NUMBER IS IN OUR SYSTEM, IF YOU HAVE REGISTERED FOR CLASSES.)

WSU Status:

☐ Student ☐ Faculty/Staff ☐ Retiree ☐ Alumni

OR

Affiliate Status:

☐ Fitness Center Sponsored Member ☐ Contractor
☐ Family Member of Campus Resident ☐ Visiting Scholar
☐ Other Affiliate (please identify) _____

Card Type: ☐ First Card ☐ Replacement Card

Reason for Replacement:
(lost, stolen, etc.)

_____

Mailing Address: (Contractors, Affiliates and those without access ID/banner ID ONLY)

_____
Street Name Apt #

_____
City State/ZIP

Phone Number: _____

Email Address: _____

I authorize Wayne State University to establish an OneCard account for my usage and I agree to abide by the OneCard terms and conditions posted here: www.onecard.wayne.edu

_____ _____
Signature Date