

# Custodian Change Form for Student One Cards

Email: [OneCard@umsystem.edu](mailto:OneCard@umsystem.edu)

Columbia

KCity

Missouri S&T

St. Louis

Date of Request \_\_\_\_\_

Name as Shown on Student Card: \_\_\_\_\_

Last 4 Digits of Card Number: \_\_\_\_\_

## Current Custodian Information

Current Custodian: \_\_\_\_\_  
(Print Name) (Signature) If not available, write NA

(7KH & XUHQW & XVWR & CD & Diff. for SW & RW) removed from this Student Card

## Replacement Custodian Information

Replacing Custodian: \_\_\_\_\_  
(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.

By signing this document you agree to all the terms and conditions of the Student One Card listed above. Questions or errors...