

Card Distribution Agreement

Name: _____

ID Number: _____

Date: _____

My Shield card is my identification for The Southern Baptist Theological Seminary and must be presented on request to any campus official. I will abide by the rules and regulations of the Campus Card, I understand the card is not transferable, and I understand the card is for my use only. My image may be used on the SBTS campus for academic purposes or any other use approved by the administration.

Signature: _____

For Official Use Only:

Official Proof of ID: Passport ___ Driver's License ___ State ID ___ State ___ Parent ID ___