



**Request to issue a surrounding community access card C- Université McGill**

Date of the request \_\_\_\_\_

# of current UQAM access card \_\_\_\_\_  
(For card renewal only)

**Requestor** (Print name in capital letters)

Last name: \_\_\_\_\_

First name: \_\_\_\_\_

Address: \_\_\_\_\_  
Number, street, apt #

City \_\_\_\_\_ Postal code \_\_\_\_\_

Phone number: \_\_\_\_\_  
Area code Phone number

Date of birth: \_\_\_\_\_

McGill Student ID # \_\_\_\_\_

**Reserved for the administration of the person in charge**

We certify that the information entered is truthful

\_\_\_\_\_  
Xavier Elisseeff  
Name:

\_\_\_\_\_  
514-987-3000 x2245  
Phone:

\_\_\_\_\_  
Signature of the person responsible

\_\_\_\_\_  
Date

For any additional information, please contact the Card Issuing Center at UQAM at 514-987-8356.  
Send your request by email to : [carteuqam@uqam.ca](mailto:carteuqam@uqam.ca)