

SBI STUDENT MEDICAL INSURANCE ASSISTANCE

ID CARD/VERIFICATION REQUEST FORM

Please print clearly and sign at the bottom of the form. Please return to 315 Student Union, or email completed form to: asksmi@buffalo.edu

Name: _____

Date: _____

Student or UB Person Number: _____

Division (circle one): SA Law Dental Medical GSA GMA Pharmacy

Citizenship (circle one): Domestic International

Status (circle one): Student Dependent Visiting Scholar OPT/CPT Faculty/Staff

E-mail: _____@buffalo.edu

I, the undersigned, understand that any information received from staff members or volunteers other than the staff members is not intended to override policy language or university/system requirements.

(please sign)