

Spouse or Dependent Shield Card Family Registration Form

All family members are required to fill out this form (individuals 12 or older and claimed on the parent's tax return are eligible to obtain a shield card and should have their own form submitted). **Students** and **employees** of the seminary are **not** required to fill out this form. Family members, **please allow 48 hours** (excluding weekends) for this form to be processed before contacting the Campus Card Office to have the registrant's picture taken. If you have any questions, please call the Campus Card Office at 502.897.4444.

The completed form may be submitted by clicking the button at the bottom of the page.

Personal Information

Prefix: (Mr, Ms, Mrs.) _____ Birth/Maiden Name: _____

Legal First Name: _____

Legal Middle Name: _____

Legal Last Name & Suffix: _____

Physical Street Address- ***NOT your campus box:***

City, State: _____

Zip Code: _____

Phone #: _____ Cell Phone #: _____

Marital Status: _____

Gender: _____

Email address: (for Library checkout purposes only) _____

DOB: _____

Primary Cardholder's ID Number or Full Name:

Relationship to Primary Cardholder: (spouse,child,other) _____

If "other", please explain:

Has the registrant ever been a **student** at SBTS/Boyce? Yes No

Has the registrant ever been **employed** by SBTS? Yes No