

**Syracuse University Standing ID Account Information Form  
For Department Guest Reservations 2025-2026**

Please print all information clearly. Incomplete forms may be delayed in processing.

Department Name: (Full Name, no abbreviations please)

\_\_\_\_\_

Department Address: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Additional Authorized Contact Names:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please print ID # for payment: \_\_\_\_\_

Please print name of authorized ID signee: \_\_\_\_\_

When complete please email a scanned copy of your new ID and Application forms to:

[deptguestreservations@syr.edu](mailto:deptguestreservations@syr.edu)

for timely processing.

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