

**Syracuse University Standing ID Account Information Form
For Department Guest Reservations 2026-2027**

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

for timely processing.
