**JMU VALOR Electronic Card Access Request Form**

Please bring this completed form to the JMU VALOR Resource Center, Taylor Hall, room 110

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**Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **JACard Number:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Email**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Please Select if you are a:** Veteran \_\_\_\_\_\_ Dependent\_\_\_\_\_\_

**Access needed for:** \_\_\_\_\_The\_JMU\_VALOR\_Resource\_Center\_\_\_\_\_\_\_

Protect card at all times. Only use card as assigned. If card is lost, you must report it immediately to the department head, campus police or card services. Access will be revoked for abuse of privileges.

I have read and agreed to abide by the responsibilities listed above:

 **Signature**  **Date**

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JMU VALOR Registration Information:

JMU VALOR is intended to serve **ALL military connected students**. Military connected students are defined as active-duty military, reservist, veteran, or dependent children or spouse of military members and veterans. In order to verify military affiliation (for members or dependents), who you are not currently using military benefits at JMU, please provide verification to jmuvalor@jmu.edu

JMU VALOR Verification documents: (any 1 of the following)

* Dependent ID
* DD-214
* Military ID (front only sent via secure email)
* Military Member ID with Veteran designation (Driver's License with “Veteran” designation)
* Travel orders listing dependent names
* VA dependent information
* Other (please contact jmuvalor@jmu.edu for more information)

The JMU VALOR team will verify dependent status and contact the military member or student with any questions. Once verified, students will be registered with JMU VALOR, and will remain eligible until graduation. We look forward to welcoming all military connected students to our JMU VALOR community!

For more information on JMU Military Connected Student Services, please contactjmuvalor@jmu.edu

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**Internal Use Only**

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Department Head signature for this request:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Print Department Head Name:** Dr. Bruce E. Mitchell II

**Department:** Accessibility and Belonging