

INTERNATIONAL STUDENT IDENTITY CARD (ISIC) APPLICATION FORM

The International Student Identity Card is the only internationally recognized proof of full-time student status providing worldwide, photo identity documentation for student travelers. It allows cardholders to plug into a worldwide network of discounts, services and other benefits including Travel CUTS' Student Class Airfares™. For more information, contact your nearest Travel CUTS shop or call 1-800-592-CUTS (2887).

Eligibility: You must be age 12 & over currently enrolled at an accredited institution and matriculating towards a diploma or a degree.

To obtain an ISIC, you need:

1. A passport-size photograph (please print your name on the back).
2. Payment of \$22 (+ card shipping & handling selected below).
3. Proof of full-time student status as defined below.

Please provide and check one of the following:

- A photocopy of your student card (with picture) clearly indicating full-time student status for the current school year and a photocopy of another picture ID (i.e. driver's license). OR
- A letter from your school registrar bearing the seal of the institution and confirming full-time student status for the current school year and a photocopy of another picture ID (i.e. driver's license). OR
- a completed School Declaration (see below).

SCHOOL DECLARATION

I hereby certify the applicant below is a full-time student at the following institution during the current academic year.

NAME OF INSTITUTION _____ DATE _____

REGISTRAR'S SIGNATURE _____ SCHOOL SEAL OR STAMP _____

PERSONAL INFORMATION

NAME OF EDUCATIONAL INSTITUTION _____

FAMILY NAME, FIRST NAME _____

DATE OF BIRTH (m/d/y) *will not appear on card _____

PAYMENT OPTIONS

- VISA MASTERCARD CASHIER'S CHECK or MONEY ORDER (payable to Travel CUTS)

CREDIT CARD NUMBER: _____

CARDHOLDER'S NAME: _____

EXPIRATION DATE (m/y): _____ 3 DIGIT SECURITY CODE: _____
(next to signature bar code on back of card)

BILLING ADDRESS: _____

SHIPPING OPTIONS

- STANDARD - \$3 (3-4 weeks) EXPRESS - \$10 (2 weeks)
- PRIORITY - \$25 (2 business days upon receipt of application)

SHIPPING ADDRESS

STREET _____ APT. # _____

CITY _____ STATE _____ ZIP _____

TELEPHONE: () _____

E-MAIL: _____

- No, I do not want to receive Travel CUTS exclusive E-bulletin showing me the latest travel deals.

U.S. addresses only. No P.O. Box deliveries available for express or priority shipping.

Cards are valid for 1 year from date of purchase.

State law prohibits date of birth appearing on card. Some local discounts abroad may not apply as a result.

FOLD

I certify the above information is true and accurate.

APPLICANT'S SIGNATURE _____ / _____ DATE _____



SEND TO:
Travel CUTS
Customer Care Center
Box 258
Ogden IL 61859

FOR OFFICE USE ONLY

SEAL #: _____

ISSUING AGENTS: PLEASE RETURN THIS APPLICATION WITH YOUR BATCH ENVELOPE.