

4 Easy Ways to Apply for the ISIC:

Call

1.800.474.8214

Click

www.myISIC.com

Mail

your completed application to:

STA Travel ID Cards
7890 S. Hardy, Suite 110
Tempe, AZ 85284

Visit

your nearest ISIC (Student), IYTC (Youth) (IG026), or ITIC (Teacher) Issuing Office and purchase your card on the spot. Remember, most student travel agencies and study abroad offices issue the cards.

Applications must be submitted with:

- One passport-sized photo (name printed in ink on the back)
- Payment
- Proof of student, faculty, or youth status as described in categories below
- Copy of driver's license, passport, or birth certificate

ATTACH
PHOTO
HERE

Terms & Conditions

I hereby certify that this information is true and understand that any false statements on my part may result in forfeiture of all card benefits.

| Card | Proof Requirements | Cost | Validity Period |
|----------------|---|------|---------------------------------------|
| ISIC (Student) | Photocopy of current school ID with academic year validity visible, OR School Declaration with school seal (see form below), OR photocopy of your transcript/report card for current academic year. | \$22 | September 1, 2006 - December 31, 2007 |
| IYTC (Youth) | Photocopy of valid driver's license, birth certificate, OR passport showing you are under 26 years of age at the time of application. | \$22 | One year from date of purchase. |
| ITIC (Teacher) | Photocopy of your faculty ID (showing validity for current academic year) OR letter on school stationery from department chair, school principal, OR other school official verifying faculty status or equivalent during the current academic year. | \$22 | September 1, 2006 - December 31, 2007 |

Please read the instructions above before filling out your application. Type or print in clear block letters only.

Please indicate which card you are applying for:

Student (ISIC) Youth (IYTC) Teacher (ITIC)

Personal Information

Name (first, last) _____

Institution/School Name _____

Expected grad. date (MM/YY) _____

Date of Birth (i.e. 08/June/82) _____

School ID# _____

Address card mailed to: (U.S. addresses only) Valid _____

SLU 12861

Street _____

Apt. # _____

Hammond, LA

70402

City _____

State _____

Zip _____

985-548-2385

studyabroad@slu.edu

Telephone _____

E-mail Address _____

Permanent Address (if different from above)

Street _____

Apt. # _____

City _____

State _____

Zip _____

OFFICE USE ONLY

Int'l ID Card # _____ Year _____

School Declaration (Student application only)

I hereby certify that the applicant is a student at the institution named below during the current academic year and is matriculating towards a diploma or degree.

Registrar's Signature _____

Name of School _____

School Seal

Payment

We accept Check or Money Order made payable to STA Travel

Credit Card: Visa Mastercard Discover AmEx

Card Number _____

Expiration Date _____

Cardholder Name _____

Signature _____

Postage/Handling (you must choose one)

Standard \$3 - Upon receipt of application, allow 4 wks. delivery.

Rush \$15 - Send application via express mail. Upon receipt, allow 5-7 business days for delivery.

Express \$25 - Send application via express mail. Upon receipt, allow 2-4hr business day for delivery.

P.O. Box addresses may only be used for standard postage

While every effort will be made to ensure timely delivery, STA Travel is not responsible for cards lost in the mail or delivery service delays.