

STUDENT (CARDHOLDER) INFORMATION

FIRST NAME _____ MIDDLE INITIAL _____ LAST NAME _____

ADDRESS _____ APT./SUITE _____

CITY _____ ZIP _____ DATE OF BIRTH ____/____/____

FULL CARD NUMBER OR TRANSIT ID OF THE STUDENT'S CARD (WE ONLY NEED ONE OR THE OTHER - NOT BOTH)
If you need help finding either of these numbers, please give us a call at 877-669-8368 and be prepared with the student's name and the approximate date that you ordered and/or received the card you are attempting to renew.

Transit Account ID:

1	1	0	0																
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Card Number:

6	3	7	0																
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PARENT OR LEGAL GUARDIAN INFORMATION

FIRST NAME _____ MIDDLE INITIAL _____ LAST NAME _____

PRIMARY PHONE: (_____) _____ EMAIL: _____

Note: Providing your phone and/or email address is important. It allows us contact you if there are any problems with your request and send you important updates about the student fare program.

SCHOOL INFORMATION

Note: We require a signature or stamp/seal from the school. We will not process entitlement requests submitted without at least one of these.


SCHOOL NAME: Muchin College Prep

SCHOOL ADDRESS: 1 N. State Chicago IL 60602

PRINCIPAL (OR OTHER REPRESENTATIVE) NAME: Sonia Reyna

PRINCIPAL (OR OTHER REPRESENTATIVE) SIGNATURE: *Sonia Reyna*

SCHOOL STAMP OR SEAL (REQUIRED IF YOU DO NOT HAVE THE REQUESTED SIGNATURE ABOVE):

 MUCHIN COLLEGE PREP

Submit the completed form via regular mail to Ventra Services ATTN: Student Ventra PO Box 8291 Chicago, IL 60680, email to ctastudents@ventrachicago.com, or fax to 312-283-1692.