

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.

Card valid from September 1, 2006 through to December 31, 2007.

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 _____

TRAVEL CUTS
See the world your way

SEND TO:

Travel CUTS
8551 W. Sunrise Boulevard, Suite #206
Plantation, FL 33322
Attn: ID Department

FOR OFFICE USE ONLY

SEAL #: _____

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