

Heritage Covenant Schools

Request for 2022-23 Identification Card #

Circle one FACULTY I.D. or STUDENT I.D.

If Faculty, name of HCS student: _____

IF photo on card, It MUST accompany Request

NAME ON CARD: _____

MAIL TO:

NAME: _____

ADDRESS: _____

CITY: _____ ZIP: _____

Mail fee of \$10.00 per card with request to:
Heritage Covenant Schools, P.O.Box 612, Lobelville, TN 37097

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