



Transit



# Student Identification Card

Surname

Given Name(s)

Initial

Name Of Educational Institution:

Academic Period

MO.

YR.

**For GO Transit Office Use Only**

Begins

Expires:

MO.

YR.

Ends

Student's Signature

By my signature, I hereby certify that I have read and will abide by the terms & conditions governing the use of GO student fare media and the Student Identification card.