

Sacramento City Unified School District
Purchasing Services
(916) 643-9460

**RETURN THE ORIGINAL SIGNED FORM VIA DISTRICT MAIL TO BOX 830
DO NOT FAX OR EMAIL**

CAL-CARD APPLICATION FORM

Applicant Name: _____ Applicant Title: _____

School / Department: _____ Work Phone: _____

Email: _____ @scusd.edu

Approver Name: _____ Approver Title: _____

(Instructional Assist. Superintendent for Principals /