



Delta Retiree ID Card Request Form

Employee Information (please print legibly)

Employee Name _____ Employee Number _____

Retirement Date _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ DOB _____ DOE _____

Personal (non-Delta) Email Address _____

Supervisor's Name _____

Supervisor's Email Address _____

Supervisor's Telephone Number _____

Check One

I prefer to have my Retiree ID card mailed to me at the above address.

I prefer email notification when my Retiree ID card is ready to be picked up at the ID Office in Atlanta.

Employee Authorization

I hereby authorize the Delta Corporate ID Processing Office to prepare and release my retiree ID card in accordance with DAL policy.

Signature of Employee _____ Date _____

Request Form Submittal

Submit this request form by one of the methods listed below:

ATL Processing -

- Processing at (404) 715-3261
- Send via U.S. Mail, FedEx or UPS with tracking number to - Delta Air Lines, Inc., Dept 969 – ID Processing, 1020 Delta Blvd, Atlanta, GA 30354-1989.