Newark Photo ID Card Request Form

To apply for a card, individuals should complete this application and have it signed by their sponsoring Department Chair, Center Director or Dean. Completed applications should be presented in person, with a form of government issued photo ID (driver's license, passport, etc.), at the Blumenthal Hall - 3rd Floor.

Expanding Type 4 Casual Employee or Visiting Scholar ID Cards can be renewed by submitting a new application form and exchanging the expired ID for a new one. There is a $15 replacement fee for lost, damaged or missing cards. Please do not discard your expired card.

PLEASE PRINT LEGIBLY – COMPLETE ALL FIELDS – INCOMPLETE FORMS WILL BE REJECTED:

Legal Name: ___________________________ ID Number: ___________________________

Dept/Center: ___________________________ Campus: ___________________________

Campus Address: ___________________________ Phone: ___________________________

Status: ____ Employee ____ Visiting Scholar/Guest ($5 fee) ____ Other: _______________________

Complete for Employees only:

<table>
<thead>
<tr>
<th>Position Title:</th>
<th>Division/Unit:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payroll Type:</td>
<td></td>
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<tr>
<td>(1) Full Time/Benefit</td>
<td>(4) Casual/Hourly</td>
</tr>
<tr>
<td>(7) Part-Time Lecturer</td>
<td>(8) Coadjutant Casual**</td>
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</table>

Appointment Start Date: / / Year End Date: / / Year

Note: Employees requesting ID cards before their appointment date will be issued a guest card until their start date. All employees, except Type 1/Benefit, will be issued an ID card valid for up to one year, which must be renewed annually.

** Not eligible for employee ID – a Guest Card will be issued. *** Graduate Fellows will be issued Student ID cards, if registered.

Complete for Visiting Scholars and other individuals:

Length of Stay: From: / / Year To: / / Year (1 year maximum, renewable)

Permanent Address: ____________________________________________________________

By signing below, the Department Chair, Center Director or Dean certifies the accuracy of the information of the individual named on this form. The Department/Center will assist the Libraries to ensure that the individual returns all library materials at the end of the term specified, and sponsors the individual’s use of all other University facilities.

Department Chair, Center Director or Dean:

Original Signature (no stamps, or surrogates please) Date

Print Name Phone Ext.