



Rutgers-Newark Photo ID Office  
249 University Avenue • 3<sup>rd</sup> Floor • Newark, New Jersey 07102-1896  
Office 973/353-5873 • Fax 973/353-1498

## Application for University Visiting Scholar ID Card

Academic visitors who are not otherwise employed by the University may be issued an ID card for use during their visit at Rutgers University. Requiring departmental sponsorship, the Visiting Scholar ID card serves as a general identification card within the University, and provides faculty/staff library borrowing privileges. It may also permit use of recreational and computing facilities as determined by such facilities.

To apply for a card, complete this application and have it approved and signed by the appropriate Department Chair, Center Director, or Dean. Completed applications should be presented in person, with a passport, photo driver's license or other form of government issued photo identification, at the Photo ID and Parking Services Office 3<sup>rd</sup> Floor, Blumenthal Hall.

Cards are issued for a period of up to one year. They can be renewed by submitting a new application form and exchanging the expired ID for a new one. There is a \$5.00 fee to have the card issued or renewed. The replacement fee for lost, damaged, or missing cards is \$15.00. Do not discard your expired ID.

### *PLEASE PRINT*

Visitor's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Department/Center: \_\_\_\_\_

Term of Visitor Status: \_\_\_\_\_  
(e.g., 9/1/04 – 9/1/05, 1 year maximum)

Campus Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing below, the Department Chair, Center Director or Dean acknowledges that the guest listed above will be working closely with the Department or Center for the period specified. The Libraries will provide Visiting Scholar status and borrowing privileges to the individual named on this form. The Department/Center will assist the Libraries to insure that the guest returns all library materials at the end of the term specified, and sponsors the guest's use of all other University facilities.

Department Chair, Center Director or Dean:

\_\_\_\_\_  
Signature (no stamps, please)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Phone Ext.