

REQUEST FOR PROGRAM PARTICIPANT ID CARD

Sponsor Name _____

Sponsoring Dept: _____

Department Address: _____

Dept. Telephone: _____

Sponsor MyID: _____@uga.edu

REQUIRED SPONSOR INFORMATION

RETURN TO: **UGACard Office**
309 Tate Center

FAX: 706-542-0070

Encrypted E-mail:
Log in to sendfiles.uga.edu & send to:
"ugacard" (just the username!)

Due to unscheduled maintenance and updates to ID server, we cannot guarantee walk-in processing of ID request applications.

Please submit application via above methods at least three business days before sending Visitor to the UGACard Office.

Individuals who participate in an authorized University sponsored program for an extended but defined period of time, generally one month to one semester, for a specific academic or administrative purpose will be considered for a Sponsored Program Participant ID card. Included in this category are individuals participating in grant sponsored programs, fellowships, and internships who have an extended presence on campus, are not enrolled at the University of Georgia, and are not part of the University of Georgia master payroll/personnel data base. (Excluded from this category are summer camps and conference participants). Individuals in this category are not automatically eligible for University services. Contact the specific service provider if there are any questions concerning the use of this card. Some University services require a participation fee.

Name of the UGA Sponsored Program: _____

Briefly explain the purpose or nature of this program: _____

Dates Participants Will Be On Campus: Beginning Date _____ Ending Date _____

Number of participants in this program: _____ Are any participants under the age of 18? _____

Method of Payment: _____ The Individual(s) will pay for the ID card
Each card is \$15.00 _____ Charge UGA Account Acct Name: _____
Acct Number: _____

UGACard DATABASE INFORMATION
(Attach a separate list for more than one participant)

Full Name of Participant: _____
Last First MI

Date of Birth: _____ Gender: _____ Soc Sec. No: _____

MUST HAVE ONE OF THE FOLLOWING APPROVALS

Department Head Approval: _____ Date: _____

Dean or Vice President Approval: _____ Date: _____

>>>Applications will NOT be accepted without Sponsor MyID and Approving Signatures!<<<

>>>Submit this request at least 5 days prior to the participant having the ID card made<<<
Coordinate group photo sessions with the UGACard Office in advance

UGACard Office Use Only (Rev 08/16)

Reviewed and Approved by: _____ Date: _____ Photo Date: _____

Entered in Database by: _____ Date: _____ Billing Date : _____