UGACard THE UNIVERSITY OF GEORGIA		REQUEST FOR CAMPUS VISITOR ID CARD	
FROM:		<u>Campus Mail:</u>	
REQUIRED UGA SPONSOR INFORMATION ***Application will not be processed if not completed.***		UGACard Office 309 Tate Student Center	
Sponsor Name	RETURN TO:	FAX:	
Sponsor Department:	KETOKA TO.	(706) 542-0070	
Department Address:		Encrypted E-mail: Log in to sendfiles.uga.edu & send to:	
Dept Telephone:		"ugacard" (just the username!	
Sponsor MyID: @uga.edu	Due to unscheduled maintenance and updates to ID server, we cannot guarantee walk-in processing of Visitor request applications.		
(THIS IS NOT A DEPARTMENTAL E-MAIL ACCOUNT)		cation via above methods at least three e sending Visitor to the UGACard Office.	

Official visitors to the University campus whose stay is for an extended but defined period of time, generally from one month to one year, and for a specific academic or administrative purpose, similar to work being performed by regular UGA faculty or staff, will be eligible for a sponsored Visitor ID card. Included in this category would be individuals such as visiting faculty, staff, researchers, and others whose work is based on campus but who are not part of the UGA master payroll/personnel data base. (Those excluded from this category would include currently-enrolled students, vendors, construction contractors, conference participants, entertainers, and law enforcement agencies.) Individuals in this category are not automatically eligible for University services (Visitors are not eligible for discounted athletic tickets). Contact the specific service provider if there are any questions concerning the use of this card. Some University services require a participation fee. Legal dependents (including children under the age of 18 years) of campus visitors are eligible for a Dependent UGACard with limited privileges. Visitor may contact the UGACard Office for a request form.

Purpose of visit to UGA Campus	:			
Job title of visitor:		Is visitor being paid?		
	UGACard DATA	BASE INFORI	MATION	
Full Name of Visitor:		First	МІ	
Luot		r not		
Date of Birth:	Gender:	_ Social Secu	rity Number:	
		*Assigne	d Number:	
For foreign visitors: Country of citizenship * The UGACard Office will assign special	H l identification numbers to f	las a social sec	urity number been applied for social security number	f or?
Dates Visitor Will Be On Cam ** Maximum term of visit is 24 m			Ending Date**: ce will set term at thirty (30) days.	
UGA Campus Address:			Campus Phone #:	
Department Head Approval:	<i>I:</i> Date:			
Dean or Vice President Approval	Date:			
>>>Application will no	ot be accepted witho	ut Sponsor Myl	D and Approving Signature	s!<<<
>>>Submit this request a	at least <u>3 days</u> prio	or to the partic	pant having the ID card n	nade<<<
*****	*****	******	*****	******
UGACard Office Use Only				
Reviewed and Approved by:		Date:	Photo Date:	
Entered in Database by:		Date:	Bavia	d 00/02/2040

Print Form