



**RETURN TO: UGACard Office** 

> 309 Tate Student Center Athens, GA 30602 Phone: 706-542-9226

Fax: 706-542-0070

| Fax: 706-542-0070   |   | Dept. Telephone:  |                                   |
|---|---|---|-----------------------------------|
| Sponsor Name:  Sponsor Must be an authorized uga employee |   | Sponsor MyID:   |                                   |
|   | MUST BE AN AUTHORIZED UGA EMPLUTEE  |   |                                   |
|   |   |   |                                   |
| identification card. These                                |   | arly conduct business on campus but are n<br>GA ID number in order to apply for on-camp<br>card or badge is issued.   |                                   |
| payroll/personnel data ba<br>official campus visitors s   | ase. (Those excluded from this catego<br>uch as Visiting Scholars and Researd     | based on campus but who are not part of the bory would include students, faculty/staff, conchers, and others who would otherwise be y category are not eligible for other Univers | ontractors,<br>eligible for a UGA |
|   | ored by an authorized University offic<br>sary, by their sponsor in order to reta | cial or department. Affiliates must be renew<br>ain eligibility for University services.  | ed through the                    |
| Purpose of work on UGA                                    | A Campus:   |   |                                   |
| Job Title or position:                                    |   | Is affiliate being paid?  |                                   |
|   | UGACard DATAB   | ASE INFORMATION   |                                   |
| Full Name of Affiliate:                                   | Last  | <del>-</del> . ,  |                                   |
|   | Last  | First   | MI                                |
| Date of Birth:  | Gender:   | Social Security #   |                                   |
| For Foreign Affiliates:                                   | Country of Citizenship:   | Has SSN Been app  | lied for?                         |
| *Assigned Number:   |   |   |                                   |
| *The UG   | ACard Office will assign special identification                                   | n numbers to foreign visitors who do not apply for a  | SSN                               |
| Dates Affiliate will be on                                | campus: Beginning Date:   | Ending Date:  |                                   |
| Individ   | uals in the Affiliate Database may be   | renewed annually from July 1 through Jun  | ıe 30.                            |
|   |   |   |                                   |
| UGA Campus Address:                                       |   | Campus Phone #  |                                   |
| Department Head Approval:                                 |   | Date:   |                                   |
| Dean or VP Approval:                                      | >>>FORM MAY BE FAXED TO   | Date: UGACARD OFFICE AT 706-542-0070<<  |                                   |
| ********  | **********  | *************   | ********                          |
|   |   | ffice Use Only  |                                   |
| Entered in Database by:                                   |   | _ Date:   |                                   |
| Reviewed and Approved                                     | d by:   | _ Date:   |                                   |
| UGAID Numbe   | r: <b>81</b>  |   |                                   |