

REQUEST FOR PROGRAM PARTICIPANT ID CARD

Sponsor Name: _____
 Sponsoring Dept: _____
 Dept. Telephone: _____
 Sponsor MyID: _____ @uga.edu

REQUIRED UGA SPONSOR INFORMATION

Incomplete Applications will not be accepted

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 Program Participant 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 may be eligible for a Sponsored Program Participant ID card. Participants are typically high school or undergraduate students in grant sponsored programs, fellowships, or internships who will be physically 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 UGA-Sponsored Program: _____
 Briefly explain the purpose or nature of this program: _____
 Are any participants under the age of 18? _____
 Dates Participants Will Be On Campus: Beginning Date: _____ Ending Date: _____
 Number of participants on this Request: _____ (Maximum 12 per Request Form)

UGACard DATABASE INFORMATION

(Complete Page 2 for up to twelve (12) participants. List must match number of participants indicated above.)

Full LEGAL Name of Participant: _____
Name must match valid, Government-issued Photo ID LAST FIRST MIDDLE
 Date of Birth: _____ Gender: _____ Existing UGAID# If Known: _____

MUST HAVE BOTH 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.

***** (Rev 02/18)

UGACard Office Use Only
 Reviewed and Approved by: _____ Date: _____ Photo Date: _____
 Entered in Database by: _____ Date: _____ Billing Date: _____

Sponsor Name:

Sponsor MyID:

@uga.edu

Name of UGA-Sponsored Program:

Number of participants on this Request:

(Maximum 12 per Request Form)

Beginning Date:

Ending Date:

2. Full LEGAL Name of Participant:

Date of Birth: LAST NAME FIRST NAME MIDDLE NAME
Gender: Existing UGAID# If Known:

3. Full LEGAL Name of Participant:

Date of Birth: LAST NAME FIRST NAME MIDDLE NAME
Gender: Existing UGAID# If Known:

4. Full LEGAL Name of Participant:

Date of Birth: LAST NAME FIRST NAME MIDDLE NAME
Gender: Existing UGAID# If Known:

5. Full LEGAL Name of Participant:

Date of Birth: LAST NAME FIRST NAME MIDDLE NAME
Gender: Existing UGAID# If Known:

6. Full LEGAL Name of Participant:

Date of Birth: LAST NAME FIRST NAME MIDDLE NAME
Gender: Existing UGAID# If Known:

7. Full LEGAL Name of Participant:

Date of Birth: LAST NAME FIRST NAME MIDDLE NAME
Gender: Existing UGAID# If Known:

8. Full LEGAL Name of Participant:

Date of Birth: LAST NAME FIRST NAME MIDDLE NAME
Gender: Existing UGAID# If Known:

9. Full LEGAL Name of Participant:

Date of Birth: LAST NAME FIRST NAME MIDDLE NAME
Gender: Existing UGAID# If Known:

10. Full LEGAL Name of Participant:

Date of Birth: LAST NAME FIRST NAME MIDDLE NAME
Gender: Existing UGAID# If Known:

11. Full LEGAL Name of Participant:

Date of Birth: LAST NAME FIRST NAME MIDDLE NAME
Gender: Existing UGAID# If Known:

12. Full LEGAL Name of Participant:

Date of Birth: LAST NAME FIRST NAME MIDDLE NAME
Gender: Existing UGAID# If Known: