



**REQUEST FOR
TEMPORARY ID NUMBER
AFFILIATE**

RETURN TO: UGACard Office
309 Tate Student Center
Athens, GA 30602
Phone: 706-542-9226
Fax: 706-542-0070

Dept. Telephone: _____

Sponsor Name: _____
SPONSOR MUST BE AN AUTHORIZED UGA EMPLOYEE

Sponsor MyID: _____
REQUIRED

Sponsoring Department: _____

Department Address: _____

Affiliates for the University campus are individuals who regularly conduct business with UGA but are either not eligible for a UGA identification card or only require MyID or email access for Remote Collaboration. These individuals may be eligible for a UGA ID number in order to apply for on-campus parking or other services that may require a UGA identification number. No ID card or badge is issued.

Included in this category would be individuals 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 students, faculty/staff, contractors, official campus visitors such as Visiting Scholars and Researchers, and others who would otherwise be eligible for a UGA identification card.) Individuals in this Affiliate, ID number-only category are not eligible for other University services.

Affiliates must be sponsored by an authorized University official or department. Affiliates must be renewed through the UGACard Office, if necessary, by their sponsor in order to retain eligibility for University services.

Purpose of work with the University _____

Job Title or position: _____ Is affiliate being paid? _____

UGACard DATABASE INFORMATION

Full Name of Affiliate: _____
Last First MI

Date of Birth: _____ Gender: _____ Social Security # _____

For Foreign Affiliates: Country of Citizenship: _____ Has SSN Been applied for? _____

*Assigned Number: _____

*The UGACard Office will assign special identification numbers to international visitors who do not apply for an SSN

Dates Affiliate will Require Access: Beginning Date: _____ Ending Date: _____

Individuals in the Affiliate Database may be renewed annually from July 1 through June 30.

UGA Campus Address: _____ Campus Phone # _____

Department Head Approval: _____ Date: _____

Dean or VP Approval: _____ Date: _____

>>>FORM MAY BE FAXED TO UGACARD OFFICE AT 706-542-0070<<<

UGACard Office Use Only

Entered in Database by: _____ Date: _____

Reviewed and Approved by: _____ Date: _____

UGAID Number: **81** _____

UGAID Number is issued ONLY. DO NOT ISSUE ID CARD OR BADGE.