UNIVERSITY OF GEORGIA
UGA OneCard

REQUEST FOR
PROGRAM PARTICIPANT ID CARD

RETURN TO: **UGA OneCard 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.

Sponsor Name:

Sponsoring Dept:

Dept. Telephone:

Sponsor MyID: @uga.edu

REQUIRED UGA SPONSOR INFORMATION

Incomplete Applications will not be accepted

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)**

UGA OneCard 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 <u>BOTH</u> 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 <u>5 days</u> prior to the participant having the ID card made<<<
Coordinate group photo sessions with the UGA OneCard Office in advance.

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(Rev 06/21)

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

3. **Full LEGAL Name of Participant:**
                    LAST NAME   FIRST NAME   MIDDLE NAME
Date of Birth: **Gender:**   **Existing UGAID# If Known:**

4. **Full LEGAL Name of Participant:**
                    LAST NAME   FIRST NAME   MIDDLE NAME
Date of Birth: **Gender:**   **Existing UGAID# If Known:**

5. **Full LEGAL Name of Participant:**
                    LAST NAME   FIRST NAME   MIDDLE NAME
Date of Birth: **Gender:**   **Existing UGAID# If Known:**

6. **Full LEGAL Name of Participant:**
                    LAST NAME   FIRST NAME   MIDDLE NAME
Date of Birth: **Gender:**   **Existing UGAID# If Known:**

7. **Full LEGAL Name of Participant:**
                    LAST NAME   FIRST NAME   MIDDLE NAME
Date of Birth: **Gender:**   **Existing UGAID# If Known:**

8. **Full LEGAL Name of Participant:**
                    LAST NAME   FIRST NAME   MIDDLE NAME
Date of Birth: **Gender:**   **Existing UGAID# If Known:**

9. **Full LEGAL Name of Participant:**
                    LAST NAME   FIRST NAME   MIDDLE NAME
Date of Birth: **Gender:**   **Existing UGAID# If Known:**

10. **Full LEGAL Name of Participant:**
                    LAST NAME   FIRST NAME   MIDDLE NAME
Date of Birth: **Gender:**   **Existing UGAID# If Known:**

11. **Full LEGAL Name of Participant:**
                    LAST NAME   FIRST NAME   MIDDLE NAME
Date of Birth: **Gender:**   **Existing UGAID# If Known:**

12. **Full LEGAL Name of Participant:**
                    LAST NAME   FIRST NAME   MIDDLE NAME
Date of Birth: **Gender:**   **Existing UGAID# If Known:**