UNIVERSITY OF GEORGIA
1785
UGA OneCard

REQUEST FOR
AFFILIATE STATUS

FROM:

RETURN TO:

Campus Mail:
UGA OneCard Office
309 Tate Student Center

REQUIRED UGA SPONSOR INFORMATION
Application will not be processed if not completed.

Sponsor Name: _____

Sponsor MyID: _____

Department: _____

Phone Number: _____

FAX:
(706) 542-0070

Encrypted E-mail:
Log in to sendfiles.uga.edu & send to:
"ugacard" (just the username!)

If ID Card is needed, Please submit application via above methods at least three business days before sending Affiliate to the OneCard Office.

Official Affiliates of the University may be eligible for a sponsored UGAID Number. Upon issuance, Sponsors may request a UGA MyID account, email address, and/or UGA identification card, as deemed appropriate by the Sponsoring Department.

For OneCard Office administrative purposes, Affiliates include Campus Visitors, Contractors, Program Participants, Remote Research Collaborators, and others whose work is based on campus but who are not part of the UGA master payroll/personnel data base. (The latter includes but is not limited to ROTC staff, Campus Ministry, IFC/PHC House Directors, Cooperative Extension employees, USG Board of Regents employees, Augusta University/UGA Medical Partnership or College of Nursing employees, temp agency workers, or sponsored volunteers.)

Affiliates are not automatically eligible for University services. Contact the specific service provider if there are any questions concerning eligibility for services. Some University services require a participation fee. Legal dependents (including children under the age of 18 years) of certain Affiliate categories may be eligible for a Dependent OneCard with limited privileges.

NEW REQUEST   RENEWAL

Affiliate Category: Contractor _____   Campus Visitor   Remote Collaborator
                                            Company

Program Participant _____
                                     Name of Program

Non-UGA Paid Employee   ROTC Staff   CMA   IFC/PHC   USG   AU/UGA   CONAT   Other

AFFILIATE INFORMATION
Provided Information must match valid, government-issued photo ID.

Full Legal Name: _____
                        Last   First   MI

Date of Birth: _____   If known, Existing UGA 81x or MyID: _____

Affiliate Needs the following:

UGA ID Number (81x)   ID Card for Door Access   UGA MyID Login Account   UGA Email Account
                                                                    MyID and Email account requests must be submitted to EITS by the Sponsor.

Dates Visitor Will Require Access: Beginning Date: _____ Ending Date**: _____

   ** Maximum term is 12 months, renewable annually. If Dates are left blank, term end will be set at ten (10) days from Dean/VP approval date.

Department Head Approval: _____ Date: _____

Dean or Vice President Approval: _____ Date: _____

>>>Application will not be accepted without Sponsor MyID and BOTH Approval Signatures!<<<
>>>Please Allow 3 Business Days for Processing<<<
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*OneCard Office Use Only

Reviewed and Approved by:_____ Date: _____

Entered in Database by: _____ Date: _____