

# Item Request Form

Affiliation Category: \_\_\_\_\_

Name of Department: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

UGA ID#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ UGA Email: \_\_\_\_\_

Individual will be required to pay if departmental billing information (SpeedType or ChartString) and departmental approval is not completed.  
**No refunds or adjustments will be given if individual brings departmental billing information after paying for ID or if wrong card type is requested.**

Payment Method:  Employee Pays  Departmental Charge

Items Requested:  OneCard (\$30.00)  Headshot Photo (\$15.00)  Name Tag (\$10.00)

### Departmental Billing Information:

SpeedType: \_\_\_\_\_

**OR**

Department ID: \_\_\_\_\_

Fund: \_\_\_\_\_ Program: \_\_\_\_\_

Class: \_\_\_\_\_ Chartfield 1: \_\_\_\_\_

Project ID: \_\_\_\_\_ Activity: \_\_\_\_\_

PCBU: \_\_\_\_\_ OU: \_\_\_\_\_

### Departmental Approval Information:

Printed Name of Approver: \_\_\_\_\_

Signature of Approver: \_\_\_\_\_

Approver UGA Email: \_\_\_\_\_

Approver MyID: \_\_\_\_\_

Approver Phone: \_\_\_\_\_

Person To Send Bill To: \_\_\_\_\_

Billing Contact's UGA Email: \_\_\_\_\_

**UGA OneCard Office Use Only:**

Entered By: \_\_\_\_\_

Date: \_\_\_\_\_

v.2025.03.24

**Attention Employee:** [Send photo to UGACARD@UGA.EDU](mailto:UGACARD@UGA.EDU)

### Photo Requirements:

- Should be cropped slightly above the head to middle of chest
- Should be taken against a plain, light background
- Must be a color photo, no social media filters (Instagram/Snapchat/AI)
- Must not include sunglasses or hat
- Must be positioned directly facing the camera
- Eyes should be open and looking at the camera
- Photo must be full, natural color, sharply focused, no glare or shadows on face
- Avoid photos with bright sunlight

### PERFECT



### TOO FAR AWAY



### TOO CLOSE

