

## RUconnection ID Card Request Form

To apply for a card, individuals should complete this application and have it signed by their **sponsoring department chair, center director or dean**. Completed applications should be presented in person, with a form of government issued photo ID (driver license, passport, etc.), at the RUconnection Card Office, Administrative Services Building II, Cook Campus. For more information, visit our website: <http://ruconnection.rutgers.edu>.

Expiring Type 4 Casual Employee or Visiting Scholar ID Cards can be renewed by **submitting a new application form** and exchanging the expired ID for a new one. There is a \$15 replacement fee for lost, damaged or missing cards. Please do not discard your expired card.

***PLEASE PRINT LEGIBLY – COMPLETE ALL FIELDS – INCOMPLETE FORMS WILL NOT BE ACCEPTED:***

Legal Name: \_\_\_\_\_ ID Number: \_\_\_\_\_

Dept/Center: \_\_\_\_\_ Campus: \_\_\_\_\_

Campus Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Status: \_\_\_\_\_ Employee \_\_\_\_\_ Visiting Scholar/Guest (\$5 fee) \_\_\_\_\_ Other: \_\_\_\_\_

**Complete for Employees only:**

Position Title: _____	Division/Unit: _____
Payroll Type: _____ (1) Regular salaried _____ (4) Casual/hourly _____ (6) Teaching/graduate assistant	
_____ (7) Part-time lecturer _____ (8) Coadjutant casual** _____ (9) Post-doctoral fellow***	
<b>Appointment Start Date:</b> ____/____/____	<b>End Date:</b> ____/____/____
Note: Employees requesting ID cards before their appointment date will be issued a guest card until their start date. All employees, except Type 1, will be issued an ID card valid for up to one year, renewable annually.	
** Not eligible for employee ID – a Guest Card will be issued *** Graduate fellows are issued student ID cards	

**Complete for Visiting Scholars and other individuals:**

Length of Stay: From: ____/____/____ To: ____/____/____ (1 year maximum, renewable)
Permanent Address: _____ _____

By signing below, the department chair, center director or dean certifies the accuracy of the information for the individual named on this form. The department/center will assist the Libraries to insure that the individual returns all borrowed materials at the end of the term specified, and sponsors the individual's use of all other university facilities.

\_\_\_\_\_  
Original Signature of Unit Head (no stamps/surrogates)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Phone