

New York University - ID Card Authorization

A private university in the public service

This authorization form is for use by New York University Vice Presidents, Deans, HR Representatives and their stated designees to certify that the individual listed below is eligible for the indicated photo ID card. This form should be used to authorize ID cards for employees and affiliates of the University who require access to facilities. Status must match appointment records in Faculty Records and Payroll.

Name			Please Check: New Ca	ard Replacement Card
Last Name University ID:	First	Middle NetID:	_	Card Stolen Card Lost Card Damaged
		Date of Birth:	2. Affiliate — Sponsor Name:	NetID:
If a person possesses a Social Security Number, it must be provided; otherwise the University will assign a unique 9-digit number for identification purposes.			Sponsor Dept:	
1. Faculty / Administrator / Staff (Primary Object Codes 100,102,103,104,106,107,110,112,113,114,115,117) (Including new, global and School of Medicine employees)			Start date:	
			End of affiliation date: Check one:	
(Title and Department)		_	Employee Family Member	Employee's University ID or SSN
Check One: Full Part			General ID:	Conferee/Guest:
Retired			Auditor Consortium Contractor Family of Employee	College Preview CIMS Meal Plan Only Law Summer Housing
Authorization: NetID:			Employee of Vendor Employee Service Provider Employee (Temp) Faculty Resource Network Field Instructor	Law Summer Housing, Family Summer Housing Summer Housing, Family Upward Bound Conferee Guest Other
Last Name	First Middle	Date	Field Work Supervisor Friend of Bobst Library Hebrew Union Faculty	
Signature			Hebrew Union Student High School Student Medical Center Employee	
TEL. EXT:		_	Other Program Affiliate Research Summer Conference	
SCHOOL / DIVISION			Summer Controlled Trium Faculty Visiting Scholar Other Visiting Academic	
DEPARTMENT NAME			General ID Other	