

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
_____ (7) Part-time lecturer	_____ (8) Coadjutant casual**
_____ (6) Teaching/graduate assistant	_____ (9) Post-doctoral fellow***
Appointment Start Date: ____/____/____	End Date: ____/____/____
Note: Employees requesting ID cards before their appointment date may 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 and authorizes the access to facilities and campus services which the RUconnection Card provides. The department/center will assist the Libraries to insure that the individual returns all borrowed materials at the end of the term specified.

Original Signature of Unit Head (no stamps/surrogates) _____

_____ Date

Print Name _____

_____ Phone