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 Class 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 Class: ____ (1) Regular Salaried ____ (3) Short-Term Temp ____ (4) Casual/hourly
____ (7) Part-time lecturer ____ (8) Coadjutant casual** ____ (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 Class 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