

Guest ID Card Request Form

Individuals without an official university employee or student affiliation, who require access to campus services and facilities, are denoted as having the status type "Guest". These individuals can be sponsored for an ID Card via the following procedure:

First Card Issue:

If the individual does not have an active role an administrator for the sponsoring unit must first complete and submit a request form to establish a new role for the guest:

<https://requests.rutgers.edu/>

First or Replacement Card:

Once the guest has obtained an active role/NetID, they should complete this application and have it signed by their sponsoring department chair, center director or dean. Completed applications should be presented in person at a Card Office. For office locations and business hours, please visit:

<http://iam-ipo.rutgers.edu/>

If your guest status with the university expires, you may return your ID card to a Card Office. Please do not otherwise discard your ID card. It can be reactivated should your guest status be renewed. There is a \$20 replacement fee for lost ID cards.

PLEASE COMPLETE ALL FIELDS - INCOMPLETE FORMS WILL NOT BE ACCEPTED:

Legal Name: _____ Dept/Center: _____

NETID (if available): _____ Campus Address: _____

Phone: _____ Campus: _____

Status: ☐ Visiting Scholar (Faculty Level Guest) (no fee) ☐ Guest (Student Level) (no fee)
☐ Affiliate (Officially recognized organizations - Campus Ministries, NJ PIRG, etc. – no fee)
☐ Vendor (Contracted Building Resident - no fee) ☐ Trade Worker/Contractor (no fee)
☐ Housing Resident (Unaffiliated – no fee) ☐ Other (no fee): _____

Length of Stay: From: _____ To: _____ (18 month 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 ID 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