



UNIVERSITY OF ARKANSAS

UNIVERSITY AFFILIATE I.D. CARD AUTHORIZATION

This is to certify that _____
(print name)

UA ID# _____, is a _____
(not employee ID#)

and is eligible to receive a University Affiliate I.D. Card.
(Examples of University Affiliates: UofA hourly employee, Visiting Scholar, Library Patrons, Vendors)

Supervisor Signature: _____ Title: _____

Department: _____ Date: _____

**This form must be presented to the Campus Card Office along with some form of Government picture I.D (Drivers License or Passport or Military ID).
University Policy requires Government picture ID for verifying identification.**

Contact Information

Campus Card Office
ARKU 427
Phone: (479) 575-7563
Fax: (479) 575-2560
Email: idcard@uark.edu

Office Hours

Fall & Spring:
Mon-Thursday 08:00 am – 06:00 pm
Friday 8:00 am – 5:00 pm
Final, Semester Break and Summer:
Mon – Friday 8:00 am – 05:00 pm

Please mark the appropriate box:

- This person needs a security number for door access into the _____ building
- The first ID card fee for an hourly employee will be paid by the Human Resources Department
- Departments may pay for Vendor or Visiting Scholar ID cards if security access to their building is required. The Campus Card Office will need the following:
 - Cost Center Number _____ Account#: _____ Category: _____

If the Department does not pay the ID Fee, the vendor is responsible for all ID charges.

If you are not a UofA hourly Employee, you are responsible for all ID Card Fees.

For Campus Card Use Only	
_____ State	_____ Driver License #
_____ Country	_____ Passport#