

FACULTY/STAFF I.D. CARD AUTHORIZATION

This is to certify that		
· · ·	(print name)	
UA ID#(not Employee ID#)	_, is a full-time appointed Faculty / Staff (circle one) member
who is also eligible for a	ll university benefits.	
Supervisor Signature:	Title:	
Department Name:	Date:	
Government issued pic	resented to the Campus Card Office along ture I.D (State Drivers/ID License or Pass ires Government issued picture ID for ver	sport or Military ID).
<u>Contact Information</u> Campus Card Office ARKU 380 Phone: (479) 575-7563 Email: <u>idcard@uark.edu</u>	<u>Office Hours</u> Monday – Friday 08:00 am – 05:00 pn	n
Please mark the appropriate This person needs a secu	box: rity number for door access into the	building
□ First ID Card - ID fee w	vill be paid by Human Resources Department	
□ Replacement ID - ID fee	e needs to be paid by employee	
*NOTE: U of A Hourly E	Employees, Visiting Scholars, and Vendors shou	ld use the University
Affiliate I.D. Card Author	ization Form.	
For Campus Card Use	Only	
State	Driver License#	
State		

Passport#

Country