Request for UCR ID Card for Visiting and Non-Salaried Positions

Name of Visitor: _______________________________________________________

Department: ______________________________________________________________________

Affiliation/Position within Department: ________________________________________________

Reason UCR ID Card is Requested: ______________________________________________________

**Requestor**: please take a moment to provide additional information as it applies to your visitor. The card office staff will use this information to provide the optimal ID card for your guest.

- EID: 85-___________  If no EID is to be provided, please check here: ________
- Start Date: ____________
- End Date: ____________
- Will a NET ID and UCR email be provided? YES: ______ NO: ______
- Please select the most appropriate STATUS:
  - o Researcher ______
  - o Visiting Faculty ______
  - o Visiting Scholar ______
  - o Summer Researcher ______
  - o Visiting Staff ______
  - o Visitor ______

Your visitor will need to bring this form along with a photo ID and $25 payment (or web recharge) to the card office. Visitors provided with an EID should be sent to our office no earlier than 48 hours after their start date.

_________________________  ____________________________
Printed Name of Requestor  Date

_________________________
Signature of Requestor

_________________________
Phone Number

_________________________
Position Within Department

*This is a request only. The UCR Card Office reserves the right to determine eligibility.*