## **UB ID Card Request Form**

Name:	me: <u>Todays Date</u> :				
Department/Comp	any Name:				
Phone Number: Email Address:					
Supervisor: Supervisor Signature of Approval:					
Method of Payment: Charge Dept. Account (UB Departments only) #  Department Name:  Address:				-OR-	Pay at time of Pick Up
Contact: Phone No:					
		I require access to:			
		quire access to:			
Employee will be a full time building resident				regular visitor of the building	
Please Select Appointment Type		State	RF/UBF	Volunteer	Student
		Tenant	Practice Plan	Vendor	Other
Are you currently a University at Buffalo employee? Yes			No		
	o you have a curre yes, your current ID	nt UB ID Card? card will need to be surren	Yes dered at the time your	No new card is picked	up.
Pl	ease provide your	UB Person #			OFFICE USE ONLY
PI	ease provide your This is the 16	ISO# 5-digit number located und	ler your photo on your		Лifare #
If No: Have you previously had a UB ID Card? (as a former employee or student)  The UB Card office will generate a UB Person Number and ISO Number for you. Once provided this information, please refer to the website below in order to upload a photo of yourself to be used on your ID. The website provides guidelines for acceptable photos. <a href="http://myubcard.com/card/submit-card-photo">http://myubcard.com/card/submit-card-photo</a> • You will need to enter your new UB Person Number in order to successfully submit your photo.					
	d when your card i	·	ed to show photo ID		o. Please contact the UB
	, ,	ould like to pick up your			
North Campus  1 Capen Hall  M – F 9:00am – 4:30pm 645-6344  Summer & Holiday hours may vary.				ursday	Gummer)
OFFICE USE ONLY:					
Signature: Date Received:					I/P: