Contracted Employee ID Card Application UVA ID Card Office

For Office Use Only

UVAID LCC #: ____ Griffin LCC #:____

Date: _____

Done By: _____

CavAdv Cash Check PTAO

9/2/99 Revised: 04/24/12

Please Be Prepared to Present a Photo ID Please Print **Today's Date:____/____/____**

Reason for Application:

_____New Employee ($15 Charge)
_____Lost/Stolen/Damaged ID Card ($15 Replacement Charge)
_____ Lost/Stolen/Damaged SmartCard ($15 Replacement Charge)
_____Worn ID Card (No charge if current card returned at time of replacement)
_____Expired ID Card

Make Checks Payable To: University of Virginia (include full address and daytime phone number)

Contracted Employee Information

Have you been issued or will you be applying for any other:

UVA Academic ID Card? **Yes No**

UVA Health System ID Badge? *(**NOT** health insurance, referring to a Hospital ID Badge)* **Yes No**

Name:_____
First Middle Last

University ID #: __ __ __ __ - __ __ __ __ __ ***(DO NOT WRITE DOWN YOUR SOCIAL SECURITY #)***

Date of Birth: _____/_____/_____ **UVA Computing ID: _____**

Company Name: _____

Project Title/Description: _____

Date of Project Completion/End of Contract: _____

UVA Department Responsible for Contract: _____

ID Card fee ($15) to be paid by (circle one): Cash Check PTAO

PTAO: _____

Contracted Employee Signature: _____

UVA Sponsor's/Supervisor Name: _____ (Please print)

UVA Sponsor's/Supervisor Signature: _____ Phone: _____