

HARVARD UNIVERSITY ID SERVICES

REQUEST TO CREATE IDENTITY (ID)

*This form **MUST** be completed by the Sponsoring Department. If FAS Residential Building access is needed then Section 4 below must be completed by FAS Yard Operations or GSAS Housing and then submitted to the ID Office at: Fax (617) 495-1858, Email id_services@harvard.edu, Call (617) 495-3322.*

1 – Sponsor’s Contact Information (administrator or faculty member; please print)

Last name:	First name:	Harvard ID:	Title:
Department:	School or business unit:	Email:	Phone:

Requested by (if other than sponsor):

Last name:	First name:	Email:	Phone:
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Sponsor’s Signature:	Print Name:	Date:
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(Note, as a sponsor you will receive an alert by email approximately a month before given appointment is due to expire)

2 – Individual Being Sponsored - Contact information (all fields **must** be filled-in or form will not be processed)

Request Type: (check only one) <input type="checkbox"/> New Request: <input type="checkbox"/> Update Existing HUID Enter HUID: _____			
Official Last name:	Official First name:	Official Middle name:	DOB (MM/DD/YYYY):
Prefix:	Suffix:	Role start:	Role end (not more than 15 months from start):
Department:	School or business unit: (if different from Sponsor’s):	Company name (if external):	
Email:	Mailing address (optional):		
Reason for requesting ID:			

3 – Card Information

Role: (check only one) Consultant <input type="checkbox"/> Contractor <input type="checkbox"/> Vendor <input type="checkbox"/> Security <input type="checkbox"/> Family <input type="checkbox"/> Other _____
Need card?: (Yes/No) ____ Wording on Card: (cannot be more than 15 characters long)

4 – FAS Residential Building Access Approval (All fields **must** be completed by FAS before submitting to the ID Office.)
 For Undergraduates, Employees, POIs, go to FAS Yard Operations, in the basement of Weld Hall; their fax number is 617-496-6877.
 For Graduate Students, go to GSAS Housing Office, Dudley House, B2; their fax number is 617-496-5169.

Card Media: iClass <input type="checkbox"/> FAS Residential Building(s) that cardholder needs access to:
FAS Authorized Signature: Print Name: Date: