
HARVARD UNIVERSITY ID SERVICES
REQUEST TO CREATE IDENTITY (ID)

This form **MUST** be completed by the Sponsoring Department 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:**

(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)