## **UB ID Card Request Form – Gateway Style**

Name:				Today's Date:					
Department/Company Name:									
Phone Nu	mber:		mail Address:						
Supervisor:		Super		sor Signature					
_			of Appr	oval:					
Method o	Method of Payment:								
_	Charge Dept. Account # OR Pay at Time of Pick Up (UB Departments only)								
Departmen	t Name:								
Address:									
Contact:			Phon	e:					
		ch building(s)							
		access to:							
		ch floor(s) you							
will requirements			_  Time Building Re	sidont	Poqui	ar Visitor of the Building			
		pointment Typ		Siderit	Regui	ar visitor or the building			
State	icct Ap		UBF	Volunteer		Student			
Tenan	t	Pra	ctice Plan	Vendor		Other			
Are you currently a University at Buffalo employee? Yes No									
If Yes: Do you have a current UB ID Card? If Yes, your current ID card will need to be surrendered at the time your new card is picked up						N.I.			
If Yes, your	current ID	card will need to be		Ye	es	No			
If Yes, your	current ID r new card	card will need to be			es	No			
If Yes, your of the time your	current ID r new card	card will need to be	surrendered at			No photo on your current ID card			
If Yes, your of the time your	current ID r new card	card will need to be d is picked up	surrendered at						
If Yes, your of the time your UB Person	current ID r new card # USE ON ve you	card will need to be d is picked up  LY: Mifare#  previously had	surrendered at		under your				
If Yes, your of the time your the time your UB Person  OFFICE U  If No: Ha (as a former The UB Card refer to myuli	USE ON  ve you employeed d Office woodard.com	card will need to be d is picked up  LY: Mifare#  previously had e or student) ill generate a UB Pen/card/getmyubcard	ISO # The 16- I a UB ID Card?  Person Number and ISO I to upload a photo of y	digit number located α  Yε  Number for you. Oncourself to be used or	under your  Se provided in your ID. 1	photo on your current ID card  No  this information, please The website provides			
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OFFICE USE ONLY:						
Signature:	Date:	I/P:				