PennCard Request Form

University of Pennsylvania
Campus Card Services
150 Franklin Building/6205, 3451 Walnut Street
215-417-CARD

Any member of the Penn Community who is not an enrolled student, standing faculty, or staff paid by the University must present this **PennCard Request Form** (and additional documents in certain cases) and a piece of **Photo ID** (driver's license, passport, old PennCard, etc.) in order to receive a PennCard.

PLEASE PRINT OR TYPE

_____

Last Name **First Name** **Middle Initial**

_____ _____ _____

University Id Number **Date of Birth** **University Department or University Affiliate**

☐ **UNIVERSITY TEMPORARY STAFF** must present this completed form each time a card is issued. **Note: Temporary Staff must wait 24 hours after they have been entered into payroll before coming to the PennCard Center**. Beginning 01/01/1999 there will be a $15.00 charge each time a Temporary Staff card is issued. If no Budget Code is entered in the space provided, the customer will be charged for the cost of the card.

Budget Code __ __ __-__ __ __ __-__-__ __ __ __ __ __-__ __ __ __-__ __ __ __-__ __ __ __

An **Expiration Date**, not to exceed 1 year, must be provided in the space below. **If the expiration date is omitted the card will be issued for 6 months.** **Expiration Date** ____/____/____

• **UNIVERSITY OTHER CATEGORY** must present this completed form each time a card is issued. There is a $15.00 fee for Associate cards and $10.00 fee for Guest Cards. If no Budget Code is entered in the space provided, the customer will be charged for the cost of the card.

Budget Code __ __ __-__ __ __ __-__-__ __ __ __ __ __-__ __ __ __-__ __ __ __-__ __ __ __

***Visiting Faculty or Scholars, Post Docs and Adjunct Faculty must show their letter of appointment or invitation. Otherwise they will be issued a Courtesy Appointment card.**

ASSOCIATES		**GUESTS**
☐ Adjunct Faculty*	☐ Post Doc Fellow/Researcher*	☐ Guest of Department
☐ Courtesy Appointment	☐ Visiting Faculty/Scholar*	☐ Contractor
☐ Chaplain's Office	☐ Visiting Student	☐ Consultant
☐ Howard Hughes	☐ Wistar Faculty	
☐ NROTC Faculty	☐ Wistar Staff	☐ Other_____

An **Expiration Date**, not to exceed 1 year, must be provided in the space below. **If the expiration date is omitted the card will be issued for 6 months.** **Expiration Date** ____/____/____

Sign and Emboss This Area. (It is mandatory this section be completed by the TAC cardholder in your department, usually, the Business Administrator or Director)

_____ _____ _____ _____

Embosser's Signature Printed Name Phone Number Date

Housing & Residential Life Access
OFFICIAL USE ONLY!