

# Carnegie Mellon University

## Affiliate Card Request Form

Please print legibly.

The Card Office  
Lower Level, Warner Hall, A15  
5000 Forbes Avenue  
Pittsburgh, PA 15213-3890  
Phone (412) 268-5224  
Fax (412) 268-5310  
E-mail [idplus@andrew.cmu.edu](mailto:idplus@andrew.cmu.edu)  
URL <http://www.cmu.edu/idplus>

### Sponsored Person's Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Contact Phone \_\_\_\_\_ Email Address \_\_\_\_\_

### Sponsor's Information

- Faculty/Staff (*Must have Human Resources approval via a different form*)       Student (*May only sponsor spouse or domestic partner*)
- Department (*If you are sponsoring a Visiting: Scholar, Staff, Faculty member or Researcher, will he/she be entered into the HREM?*  
\_\_ Yes \_\_ No)

Name **OR** Name of Authorizing Personnel for Department \_\_\_\_\_

### Relationship of Affiliate to Sponsor

- Spouse/Domestic Partner (*Students' domestic partners must have Student Affairs approval via a different form.*)       Dependent (*age 12—21 only*)
- Visiting: Scholar, Staff, Faculty Member or Researcher       Vendor or Contractor (*Must service campus facilities on regular basis*)
- Other (*Please specify below.*) \_\_\_\_\_

### Reason for Request

- New (*\$15*)       Stolen (*Replacement fee of \$15, unless police report is presented*)
- Renewal of expired card (*Replacement fee of \$15, unless expired card is presented*)       Lost (*Replacement fee of \$15*)
- Other (*Please specify below.*) \_\_\_\_\_       Damaged (*Damage must be due to natural wear, or else a \$15 replacement fee applies.*)

### Payment Information

- Cash       Carnegie Mellon Department Charge  
*General Ledger Oracle String*  
Object Code **88015**    Funding Source \_\_\_\_\_    Function \_\_\_\_\_
- Check payable to Carnegie Mellon      Activity \_\_\_\_\_    Organization \_\_\_\_\_    Entity \_\_\_\_\_
- Plaid Ca\$h      **OR**
- Student Account      *Grants Management Oracle String*  
Project \_\_\_\_\_    Task \_\_\_\_\_    Award \_\_\_\_\_

### Signatures and Date(s)

\_\_\_\_\_  
Cardholder Candidate Signature and Date

\_\_\_\_\_  
Authorizing Personnel or Faculty/Staff/Student Signature and Date

### Office Use Only

Card Number \_\_\_\_\_

Human Resources or Student Affairs Approval \_\_\_\_\_

Fee Paid \_\_\_\_\_ Date \_\_\_\_\_

Processed by \_\_\_\_\_