



AUGUSTA UNIVERSITY

VISITING STUDENT/AFFILIATE DIGITAL SIGNATURES REQUIRED-ADOBE OR DOCUSIGN

JAGCARD / ID BADGE / ACCESS CARD AUTHORIZATION FORM

TO BE COMPLETED BY AU SPONSOR (Incomplete Forms Will Be Returned)

Send completed forms with ID appropriate photo to jagcard@augusta.edu

STUDENT/AFF INFORMATION

Name on Payroll: Please print employee's full name (First Name) (M.I.) (Last Name)

Expiration Date

Email:

Phone #:

Last 4 SSN #:

Address: Please print full address

(Street) (City) (State) (Zip Code)

Department ID (Name)/Position:

Credentials: All credentials must be verified and approved with Human Resources.

ACCESS REQUIREMENTS

Restricted Access List the restricted areas for which the employee will need access **and obtain the signature of the building coordinator for each restricted area listed.**

Restricted Areas

Signature of Building Coordinator/Area Supervisor (Digital Signatures Only)

ACKNOWLEDGEMENTS / SIGNATURE

I confirm and certify this is an active Augusta University/AU Health visiting Student/Affiliate and authorize the issuance of a JagCard ID to the Student/Affiliate listed above.

Authorized Sponsor Printed Name

Date

Approval Signature

JAGCARD USE ONLY- BADGE #

