



## ACCESS CARD REQUEST FORM

University of Wisconsin-Madison

[www.uwpd.wisc.edu](http://www.uwpd.wisc.edu)

**Card Office: 2<sup>nd</sup> floor of 1433 Monroe Street  
Office hours: Mon.-Thurs. 8:15a.m. to 3:45p.m.**

To receive an access card, you must bring this completed form and two forms of photo identification—your UW ID card plus one other government issued ID (e.g. driver's license, D.O.T. ID, passport). **Department authorizer must sign this page.**

<b>Name:</b> _____ (First) (M.I.) (Last)	
<b>Title:</b> <input type="checkbox"/> Staff <input type="checkbox"/> Faculty	<input type="checkbox"/> Student over 21 <input type="checkbox"/> Student under 21 Date you turn 21 __/__/____
<b>Department, School, or College:</b> _____	
<b>University ID Number:</b> _____ (Ten digit WisCard number, DO NOT use SSN)	<b>Phone:</b> _____
<b>PIN:</b> _____ Four digits - cannot start with 0	<b>Biometric Access:</b> Yes or No Requires Fingerprint Entry - Smart Card

**Authorizing Department:** \_\_\_\_\_

\_\_\_\_\_  
(Authorized Administrator Name) (Title)

\_\_\_\_\_  
(Signature of Authorized Access Card Administrator) (Date)

**Agreement:** This device is the property of the University of Wisconsin and is for the exclusive use of the person whom it is issued. The device holder is subject to the rules and regulations of the issuing Department. The device must be returned to the University at the end of employment or enrollment. Failure to comply with these rules may result in the loss of access privileges and/or other penalties. UWS 18.06(12)

**Card/Fob Holder's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*For UWPD use* Card/Fob No. \_\_\_\_\_

Card/Fob Issued by: \_\_\_\_\_ Date: \_\_\_\_\_

Access Assigned by: \_\_\_\_\_ Date: \_\_\_\_\_