



# AUTHORIZATION FOR PENN STATE id+ CARD

id+ Office  
 103 HUB-Robeson Center  
 University Park, PA 16802  
 Phone: 814-865-7590  
 Fax: 814-865-2929  
[www.idcard.psu.edu](http://www.idcard.psu.edu)

Fall & Spring Semesters:  
 Monday ..... 8:00 am to 5:00 pm  
 Tuesday ..... 8:00 am to 5:00 pm  
 Wednesday ..... 9:00 am to 5:00 pm  
 Thursday ..... 8:00 am to 5:00 pm  
 Friday ..... 8:00 am to 5:00 pm  
 Saturday ..... 10:00 am to 3:00 pm  
 Summer & Semester Breaks:  
 Monday – Friday ..... 8:00 am to 5:00 pm

**For non-University Park id+ Office locations and hours, please visit our website at [www.idcard.psu.edu/office](http://www.idcard.psu.edu/office).**

***Must be completed by the HR Representative of the hiring/sponsoring department:***

Name: \_\_\_\_\_  
(please print) Last First MI

PSU ID: \_\_\_\_\_  
The individual's PSU ID number MUST be listed above. If a PSU ID number is not already on file for this individual, it is the hiring/sponsoring department's responsibility to assign a new PSU ID number at <https://psucidr.ais.psu.edu/cidrapps/>

Campus Address: \_\_\_\_\_

Campus Telephone: \_\_\_\_\_

College/Admin Area: \_\_\_\_\_

Check One	Appointment Type	Card Type Issued	Eligibility End Date*
<input type="checkbox"/>	Standing	Faculty/Staff	N/A
<input type="checkbox"/>	Fixed Term Multi-Year/I/II	Faculty/Staff	
<input type="checkbox"/>	Supplementary I/II	Faculty/Staff	
<input type="checkbox"/>	Post Doc	Faculty/Staff	
<input type="checkbox"/>	Wage Payroll	Affiliate	
<input type="checkbox"/>	Adjunct Status	Affiliate	
<input type="checkbox"/>	Visiting Scholars	Affiliate	
<input type="checkbox"/>	Bookstore	Affiliate	
<input type="checkbox"/>	Campus Ministry	Affiliate	
<input type="checkbox"/>	Credit Union	Affiliate	
<input type="checkbox"/>	Other (please specify):	Affiliate	

\* Please indicate when the appointment or affiliation with the University is expected to terminate. Cardholder will not be eligible to receive a replacement card beyond this date. Eligibility end dates can be revised and extended by faxing a revised copy of this form to (814) 865-2929.

Authorized HR Signature: \_\_\_\_\_

Printed Name/Title: \_\_\_\_\_

Department Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

PHOTO IDENTIFICATION REQUIRED to obtain a Penn State id+ Card