

## The University of Scranton Non-Employee Affiliate ID Card Application

IT will authorize Non-Employee Affiliate ID Cards for approved Volunteers and Service Providers in accordance with ID Card Procedures for Non-Employee Affiliates of The University of Scranton. A person desiring an ID Card for the purpose of access to swipe-protected buildings must be sponsored by a University Department.

### APPLICANT INFORMATION

**As the Non-Employee Affiliate Card Holder, I certify:**

1. I will not give my issued ID card to anyone else, for any purpose (i.e. agree that card is non-transferable);
2. I will not use my issued ID card to obtain access to any University of Scranton building for any purpose other than that described below, in "*Reason for Access Being Requested*";
3. If I cease to be employed by the Employer listed below, I will return my card to my employer immediately;
4. If I am serving as a Volunteer, I have passed background checks required by The University of Scranton at time of application, and if I cease to be a Volunteer, I will return my card to my sponsoring department immediately.

<b>Name of Person Applying for ID Card, and Title (if applicable)</b>	
<b>Telephone Number</b>	<b>Email Address:</b>
<b>Employer/Company Name (if applicable)</b>	
<b>Signature</b>	<b>Date:</b>

### **Access Requested**

In the table below, list each Campus Building to which you are requesting access, and the time(s) of day for which you need access. (Note: Access to residential buildings will be extremely limited.)

Doors/Buildings	Hours Requested

**Reason for Access Being Requested:**

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**Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_

*Note: Total length of time can be no longer than 1 year*

**COMPLIANCE OF THE PARTIES**

This Agreement is effective upon signatory approval from the parties and will remain effective for 12 months from the date of approval, or the End Date specified above, whichever comes first.

**As a University Departmental Point of Contact I certify:**

1. The applicant needs access to the buildings listed above, at the times of day specified, for the length of time specified, for the reason described above, in "*Reason for Access Being Requested*";
2. During the term of this agreement, as specified above in "*Start and End Dates For Which Access is Needed*", I will notify the Technology Support Center (TSC) immediately if contacted by the Service Provider that the card holder is no longer employed, so that TSC may revoke the card's access;
3. If the card holder is a Volunteer, and ceases to provide volunteer services during the dates specified in "*Start and End Dates for Which Access is Needed*", I will collect the ID card, and return it to the Technology Support Center (TSC) immediately for revocation of the access on the card.

<b>Name and Title of University Point of Contact</b>	
<b>Department Name</b>	<b>Telephone Number</b>
<b>Signature</b>	<b>Date:</b>

<b>Name and Title of Academic Dean and/or Administrative Division Head</b>	
<b>Signature</b>	<b>Date:</b>

4. *The following is required for Volunteers:* The Volunteer has gone to Human Resources, completed the background check process, and has been cleared to start:

<b>Name and Title of Human Resources Representative</b>	
<b>Signature</b>	<b>Date:</b>

**(If applicable) As the Employer of the Non-Employee Affiliate Card Holder, I certify:**

1. I will assume liability for the individual's/employee's use of the Card;
2. The individual applying for this card has undergone and successfully passed appropriate background check(s), as determined by University of Scranton policy at time of application;
3. The individual will not use the card to obtain access to any University of Scranton building for any purpose other than that described above, in "*Reason for Access Being Requested*". The individual applying for this card needs access to the buildings listed above, at the times of day specified, for the length of time specified, for the reason described above, in "*Reason for Access Being Requested*";
4. If the employee being issued the card is no longer employed by my company, I will obtain the card from the employee, and return it to The University of Scranton immediately. If the card cannot be obtained from the employee, I will notify The University of Scranton Departmental Point of Contact.

<b>Name and Title of Employer Representative</b>	
<b>Signature</b>	<b>Date:</b>

**Please remit the completed form to:**

**Mail:** Royal Card Administrator  
Alumni Memorial Hall  
University of Scranton  
800 Linden Street  
Scranton, PA 18510

**FAX:** 570-941-6568

**Email:** [royalcard-admin@scranton.edu](mailto:royalcard-admin@scranton.edu)

**Technology Support Center Contact Information:**

**FAX:** 570-941-4357

**Email:** [techsupport@scranton.edu](mailto:techsupport@scranton.edu)