



UO ID Request for Non-Employees

Please send completed form to the Payroll Office, Oregon Hall.
Fax: 541 346-1109 Address: P.O. Box 3237, Eugene, OR 97403

Requested by:

OUS Employee

External Auditor

Retired Classified

Other _____ (please specify)

Identification:

Last Name: _____

First Name: _____

Middle Name: _____

Preferred First Name: _____

Company or Mailing Address:

Street: _____

City: _____ State: _____

Zip: _____

Email Address: _____

Biographic:

Date of Birth (MM/DD/YY) _____

Employer:

Company Name: _____

Business Phone: _____

Remarks:**Company Authorization:**

	Print	Sign	Date
Individual Requesting Access			
Director/Dept Head			
Business Affairs Authorization			

Office Use Only

UO ID #: _____