



BROWN

**BROWN CARD ID
REQUEST FORM**

TO BE COMPLETED BY APPLICANT/SPONSORING DEPARTMENT & FORWARDED TO:
 The Brown Card Office, Brown University, Box 1884, 208 Meeting Street, Emery-Woolley Dormitory
 Providence, RI 02912 Telephone #: (401) 863-2273 Fax #: (401) 863-1233

Card Holder's Information (please print)

First Name: Middle Name: Last Name:	Have you ever had a Brown ID before? Yes <input type="checkbox"/> No <input type="checkbox"/>
Sex: Male <input type="checkbox"/> Female <input type="checkbox"/> Social Security #: Date of Birth (M/D/Y): Are you a US citizen?: Yes <input type="checkbox"/> No <input type="checkbox"/> If Not, List Visa Type:	Local Brown Area Mailing Address: Number/Street: City: State: Zip Code: Local Home Phone #:

Sponsor's Information (please print)

Appointment Title/Status:	Appointment Begin Date:	Appointment End Date:
Sponsoring Department:	Department's Box Number:	Department's Phone Number:
Sponsor's Name:	Sponsor's Phone Number:	Will this Affiliate need Brown Brown Electronic
Reason ID Card is Needed: <i>(department is responsible for the library fines of the affiliates they sponsor)</i>		
Printed Name of Department Head/Chairperson/Administrator:	Signature of Department Head/Chairperson/Administrator:	Signature Date:

For Brown Card Office Use Only

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|-----------------------|------------------------|------------------------|-------------------------|
| Alumni | Hospital Researcher | Retired Staff | Visiting Research Asst. |
| Conference | Inactive Undergraduate | Temporary Agency Staff | Visiting Scholar |
| Contractor/Consultant | Inactive Graduate | Visiting Faculty | Visiting Student/Intern |
| Corporation Member | Research Fellow | Visiting Fellow | |
| Courtesy | Research Intern | Visiting Investigator | |
| Guest | Retired Faculty | Visiting Researcher | |

Entered and Approved By _____

Date _____