

Date: _____

Dear Cardinal Card Office:

We are requesting a UofL Cardinal Card for the individual named below.

Name: _____ ID Number (if applicable): _____

Sponsoring Department: _____

Affiliate type:

Part-time/Temporary Employee (not on UofL payroll)

Visiting Researcher

Visiting Scholar

Visiting Student

Other: _____

Start Date: _____ End Date: _____

Will this person require a card that provides door access? Yes No

Comments:

***Note: This letter only serves as approval for a UofL ID (Cardinal Card).
Access to the library, gym, etc. must be requested directly through that specific office.***

VP/Dean signature (or Chair signature for School of Medicine)

Print VP/Dean name (or Chair name for School of Medicine)