



Central Campus ID Center  
 246 Church Street – Rm. 101  
 Phone (203) 432-0165  
 Fax: (203) 432-8292  
 id.center@yale.edu

Medical School ID Center  
 333 Cedar Street – SHM CE-1B  
 Phone (203) 785-OPEN  
 Fax: (203) 737-4076  
 med.idcenter@yale.edu

## VISITOR ID REQUEST FORM – Fee \$25.00

*For Non-Yale Visiting Faculty, Visiting Students and Observers. - fee paid by Department PTAE0 only*

***This form must be completed and emailed or faxed to issuing ID Center by Department Business Manager or Lead Administrator only***  
**DO NOT HAND-DELIVER**

NEW

RENEWAL

**BUSINESS MANAGER OR LEAD ADMIN WILL BE NOTIFIED BY EMAIL WHEN VISITOR MAY COME TO ID CENTER FOR PHOTO-TAKING AND ID CARD PICKUP.**

*PLEASE NOTE: This form will be held on file for (30) days from request date.*

LAST NAME \_\_\_\_\_

BIRTH DATE \_\_\_\_\_

FIRST NAME \_\_\_\_\_

LAST 4 DIGITS SSN \_\_\_\_\_

Date Visitor ID should expire \_\_\_\_\_ (1 year maximum duration)

**PTAEO # REQUIRED:**

Project	Task	Award	XXXXXX	Org #
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*Please explain in detail why the Visitor needs a Yale ID card (required):*

**PLEASE COMPLETE THE REQUIRED INFORMATION BELOW:**

Visiting Department: \_\_\_\_\_ Org # \_\_\_\_\_

Print Name of Business Manager/Lead Admin: \_\_\_\_\_

Business Manager/Lead Admin Direct Tel #: \_\_\_\_\_

Business Manager/Lead Admin Email Address: \_\_\_\_\_

Business Manager/Lead Admin Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Internal Use Only:	Approved <input type="checkbox"/>	Denied <input type="checkbox"/>	Notified <input type="checkbox"/>	Issued <input type="checkbox"/>
ID Center Authorization:	_____		Date:	_____
Has Expired ID Card <input type="checkbox"/>	ID Type: CAS/TEMP <input type="checkbox"/>	Visitor <input type="checkbox"/>	Vendor <input type="checkbox"/>	

**Please Note: For building access, please email Yale University Access Control Central Campus at 432.open@yale.edu, or for Medical School Access, please email 785.open@yale.edu.**