



# 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			
Supervisor			
Business Affairs Authorization			

**Office Use Only**

UO ID #: \_\_\_\_\_