

**SPARTANCARD ID REQUEST FORM**  
*Norfolk State University*  
*SpartanCard Office, Student Service Center 109*  
*Norfolk, VA 23504*  
*(757) 823-9479*

By completing this form, the requestor confirms the following named person is an employee at Norfolk State University and should be granted a Norfolk State University ID card. Submitting this form to the SpartanCard Office will be accepted as an electronic signature from the sender. **\*\*This form will only be accepted via email.\*\***

**Faculty, adjunct faculty, administrative faculty, staff (including part-time workers)**

- A member from NSU’s HR staff or the employee’s department head must complete the appropriate fields (employee name, ID number, department, HR staff, phone and section II) for the person the ID is being requested for. Please fill out the appropriate fields and send the form to [spartancard@nsu.edu](mailto:spartancard@nsu.edu) as an attachment. Please include the new employee’s name in the body or subject line of the email.

**Temporary, contractors, vendors**

- A manager/supervisor/NSU contact person for whom the employee/vendor/contractor will be working for must complete the appropriate fields (employee name, department or company, manager, phone and section II) for the person whom the ID is being requested. Return the form to [spartancard@nsu.edu](mailto:spartancard@nsu.edu) as an attachment. Please include the new employee’s name in the body or subject line of the email.

**\*\*An official state or government-issued photo ID (Driver’s License, DMV identification card, passport, military ID, etc.), must be presented in order to receive a SpartanCard. Copies of IDs will not be accepted. \*\***

**(PLEASE TYPE. All appropriate fields on Section I and II must be completed. Double click on boxes to check them.)**

<b>Section I</b>	<b>Employee Name:</b>	
	<b>NSU ID Number:</b>	
	<b>NSU Department:</b>	<b>Company:</b>
	<b>HR Staff:</b>	<b>Employee’s Manager/Supervisor/NSU Contact:</b>
	<b>Phone:</b>	<b>Phone:</b>

<b>Section II</b>	<b>Type of ID Requested:</b>		
	<input type="checkbox"/> Faculty	<input type="checkbox"/> Adjunct Faculty	<input type="checkbox"/> Staff
	<input type="checkbox"/> Temporary	<input type="checkbox"/> Administrative Faculty	<input type="checkbox"/> Vendor/Contractor
	<b>Date of Expiration (Temp/Vendor/Contractor):</b>		

**Will door access be given?** Yes  No

**(SpartanCard Office Use Only)**

<b>Section III</b>	Temp ID# : _____ Proxy/badge Number: _____
	Processed By: _____ Date: _____