

Instructions:

- **This form is only for non-benefits-eligible Faculty or Staff Employees, Contractors, Visiting Scholars, Research Assistants, Alumni, and Chartwells Employees.**
- **If you are a benefits-eligible Faculty or Staff member, please log into your myNEU account or contact Human Resources for your NUID number. Once the NUID number is obtained, you may come to the Husky Card Office for your Husky Card. Please note, that NUID number will not be activated until the official position start date.**

Approval Requirements:

- **Only active Full-time, benefits-eligible Directors, Faculty, Department Heads, Managers, and Hiring Supervisors may approve Husky Card Authorization Forms. A Sponsor must be in a supervisory role with respect to the applicant.**
- **Please submit the completed form to 120 Hayden Hall, or fax to (617) 373-5351. The sponsor/supervisor will receive an email upon completion of the form within 2-3 business days.**
- **The Husky Card will expire one year from the date of issue unless otherwise noted. The Applicant's original Sponsor/Supervisor must email huskycard@neu.edu to extend the expiration date. If the Sponsor/Supervisor has changed since the Husky Card date of issue, an updated Husky Card Authorization Form will be required with the new Sponsor/Supervisor's information and signature.**

Applicant Information (all must be legible and completed or your request may be denied)

Last name:		Maiden/Previous Name:	First name:	NUID:
Last four digits of SSN:	Date of Birth (mm-dd-yyyy):		Local Address (Street, City, State, and Zip required):	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone number:		Email Address:	
Position Type (please select only one): <input type="checkbox"/> Non-benefits eligible Faculty/Staff <input type="checkbox"/> Alumni <input type="checkbox"/> Contractor <input type="checkbox"/> Research Assistant <input type="checkbox"/> Visiting Scholar <input type="checkbox"/> Chartwells Position Start Date: _____ Position End Date: _____ CHARTWELLS EMPLOYEES ONLY: ___ MP 25- \$12 ___ MP 43 - \$50				

Sponsor/Supervisor Information (all must be legible and completed or Applicant's request may be denied)

Last name:		First name:	NUID:
Phone number:	Department position:	E-mail address:	

Acknowledgement and signature (required)

Applicant: I confirm that the above information is valid and that the Husky Card is being issued only to conduct official University business.

Sponsor/Supervisor: I confirm that the above information is valid. I confirm that I am in a supervisory role with respect to the applicant and will assume responsibility for the Applicant during their time on campus.

Applicant signature

Date

Sponsor/Supervisor signature

Date