

APPLICATION FOR A UNIVERSITY CARD



Retiree

(ALSO USE THIS FORM FOR LOST, DAMAGED OR STOLEN CARDS)

| Please use black ink to complete this form. | | | | |
|--|--|--|--|--|
| 1. I have retired in post and I am applying for: | | | | |
| New card Renewal card Lost card Stolen of Lost cards will incur a £15 replacement fee. For stolen cards, please give your Crime Number to waive the | | | | |
| Complete all the details on the reverse of this form include Bodleian reader's card, if any. | ling those of your most recent University card or | | | |
| Staple one recent passport sized and style photograp completed application to your department/college or the department/college. | | | | |
| 3. Return the completed form as follows: | | | | |
| - Status A or B (see overleaf) to the - | University Card Office, | | | |
| | The Malthouse, | | | |
| | Tidmarsh Lane, | | | |
| | Oxford, OX1 1NQ | | | |
| - Status C-E (see overleaf) to the - | Secretary/Administrator of your institution.* | | | |
| - ALL NEW APPLICATIONS (Status A-E) MUST BI ADMINISTRATOR | E COMPLETED BY THE COLLEGE/DEPARTMENT | | | |
| Pay the £15 fee using the online store at <u>www.oxfordu</u> and then scroll down through the alphabetical list of st | | | | |
| As soon as both this form and your online payment ha sent directly to you (when choosing status A or B) or to | | | | |
| To be completed by the Administrator of the College | To be completed by Card Office: | | | |
| Administrator to then forward to the University Card Office | Pensions Office Received □ Payment Received □ | | | |
| I certify that all the details of this applicant's status are correct. | 1 ayment Neceived | | | |
| Administrator's name: | Signature: | | | |
| Institution Name: | Date: | | | |
| To be completed by the Administrator of the Department Administra | ntor to then forward to the University Card Office | | | |
| I verify that this individual has retired in post. Yes | No Date of Retirement: | | | |
| This information is showing in PXD Yes No | Initials of authorised contact: | | | |
| I certify that all the details of this applicant's status are of | correct. | | | |
| Administrator's name: | Signature: | | | |
| Institution Name: | Date: | | | |
| *The use of the term institution throughout this form refers to any Ox | xford University department, faculty, or college. | | | |

I wish to apply for a University Card. I understand that the personal information I provide below may be used to determine access to a range of University and College resources (e.g. premises libraries, computing services). I understand that the information I provide (including the photograph) will be collected and used in accordance with the University's staff privacy notice and the General Data Protection Regulation (GDPR). I undertake to obey the rules of any institution of facility to which I gain access by use of the card I receive.

Bodleian Declaration: I hereby undertake not to remove from the Library, or to mark, deface, or injure in any way, any volume, document, or other object belonging to it or in its custody; not to bring into the Library or kindle therein any fire or flame, and not to smoke in the Library; and I promise to obey all rules of the Library.

If you already have a Bodleian Reader's Card, the University Card will replace this and can be used to obtain admission to the Bodleian and its associated libraries, and other libraries where you have already registered. The Bodleian Reader's Card will no longer be valid and should be destroyed.

Passport-sized

RECENT¹

PHOTO

Staple firmly

BUT

Do not obscure your face

| SIGNATURE: Please sign inside the box in bla | ack ink | | |
|--|-----------------|--------------------------|----------------------|
| | | | |
| | | | |
| Name and previous affiliation within Oxford University:(Please print all entries and use black ink) | | | |
| Family name: | | | |
| Given names: | | | |
| Middle names: | | | |
| Title: (if required on the card) | | | |
| ALL NAMES IN FULL (Underline the name by which you are normally called if it is not the first you have entered. Nicknames are not acceptable) | | | |
| Postal Address: | | | |
| rostal Address. | | | |
| (DELIVERY METHOD: For statuses A & B, your card will be your card will be sent to the Administrator of the College. For | posted directly | to you via Royal Mail 1. | |
| Date of birth: | | | (e.g. 23-Jan-XX) |
| | dd | mmm | уу |
| Institution (s):(Give the name of the Oxford institution* to which you were attached.) | | | |
| Status: Tick whichever one of the following you wish to apply for: | | | |
| (A) Retiree card without College/Dept affi | liation | (with no email a | address) |
| (B) Retiree card without College/Dept affi | liation | (with @retired.o | ox.ac.uk email) |
| (C) Retiree card with College affiliation | | (with @college. | ox.ac.uk email) |
| (D) Retiree card with Department affiliation | on | (with @departn | nent.ox.ac.uk email) |
| (E) Retiree card with College & Department affiliation (with @department & @college.ox.ac.uk emails) | | | |
| Please note: UAS staff are not normally able to retain their @admin address; applications to do so, in exceptional circumstances, should be submitted to the University Card Office who will seek approval from the Registrar. | | | |
| Previous University Cards, if any If you have ever received an Oxford University or Bodleian Reader's card, please give details of the most recent: | | | |
| Barcode Number (the number which appears above/below the barcode): | | | |
| If you have held a card but are unable to supply the details please tick: | | | |

1. Your photo is used as a means of identification throughout the University. It is printed on your University Card and also stored digitally in record systems used by the University and Colleges.