

**George Mason University  
College of Nursing and Health Science  
Contract/Affiliate  
Photo ID Form**

*(Any person classified as a student at GMU is ineligible for a Contract or Affiliate ID card).*

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
          (Last)                      (First)                      (MI)

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Gender: (circle one)    Male                      Female

Citizenship: (circle one) US Citizen                      Permanent Resident                      Non-Immigrant

Ethnicity: (circle one)    Asian/Pacific Islander    Black (not of Hispanic origin)    Hispanic  
   Native American/Alaskan                      Caucasian (not of Hispanic origin)

Employer/Department: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Academic degrees and discipline of master's or higher degrees: \_\_\_\_\_  
\_\_\_\_\_

Nature of current practice: \_\_\_\_\_  
\_\_\_\_\_

Amount and type of contact with GMU nursing students and faculty: \_\_\_\_\_  
\_\_\_\_\_

Faculty member recommending award: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Completion of this form verifies eligibility for GMU ID**

<p><b>Office Use Only:</b></p> <p>Organization Number: <u>121201</u></p> <p>Authorizing Signature: _____</p>
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**\*\* PLEASE ATTACH A CURRENT CURRICULUM VITAE/RESUME**