



The Ohio State University/  
Ohio Agricultural Research and Development Center  
Verification of Visitor Form  
(5 days or less)

**Name:** \_\_\_\_\_

**Reason for Visitor Status:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Department Sponsor:** \_\_\_\_\_

**Dates on Campus:** \_\_\_\_\_

**Phone where can be reached or message left:**

\_\_\_\_\_

**Departmental Authorized Signature:** \_\_\_\_\_

**Card Number Issued:** \_\_\_\_\_

**OARDC Human Resources Signature:** \_\_\_\_\_

**Date ID Issued:** \_\_\_\_\_

**Date ID Returned:** \_\_\_\_\_