



# ORG ID - REQUEST FORM

ORG NUMBER
ASSIGNED

**\*\*\*All sections are required\*\*\***

Date:

**\*Requested Organization Name -**  
(30 characters MAX):

**Ten Digit Location Code:**

**What ORG will this new ORG report to?**  
**Please provide the ID**  
(5 digit ORG number and name ):

**New ORG's Address**  
(as will be shown in directory):

**New ORG's Phone Number**  
(as will be shown in directory):

**Responsible Person Name:**

**Responsible Person Employee ID Number:**

**Responsible Person Phone Number:**

**Responsible Person Title:**

**Responsible Person Address:**

**Alternate Contact Person Name:**

**Title:**

**Employee ID Number**

**Address:**

**Phone Number:**

**Explanation for add or change:**  
(Required)

**Signatures: Responsible Person**   
(AND one of the following)

**Dean or Director:**

**Vice President:**

Any Questions please contact:

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