



Affiliate Information Form

Affiliate Information:

Note that this information is necessary to add your record into our Banner information system. Please provide your permanent/legal (home) address and phone number. We require birth date and citizenship as they are system requirements and ensure duplicate records are not created.

Last Name:	First Name:	Middle Name:	
Street:			
City:	State:	Zip code:	
Telephone (xxx-xxx-xxxx):			
Email Address:		Birthdate (mm/dd/yyyy):	
Citizenship:	<input type="checkbox"/> US Citizen	<input type="checkbox"/> Non-Resident Alien	<input type="checkbox"/> Permanent Resident

Affiliate Acknowledgement:

<input type="checkbox"/> If my responsibilities on campus necessitate an ID card, I agree to abide by the ID policy and to the display of my picture on the card. I am responsible for contacting Campus Police immediately to report a lost or stolen card. I must surrender my ID card to Campus Police or my sponsor when my relationship to the college is terminated.	
Signature:	Date:

Affiliate Sponsor: must be completed by a department head.

Name:	Title:
Department:	Phone:

Describe affiliate relationship, responsibilities on campus, id card requirements (if applicable): (e.g. Dunkin Donuts employee works on campus during the week and needs door access to Shields Science)	
Start Date:	End Date:
Signature:	Date:

To be completed by Information Technology:

Banner entry by:	Date:
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To be completed by Campus Police:

ID created by:	Date:
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