Affiliate Information Form

Required for in University systems
NOTE: Access is only for one year and must be renewed yearly.

**Part A (All Fields Are Required):**

<table>
<thead>
<tr>
<th>Full Legal Name: (First, Middle, Last):</th>
<th>Birth Date:</th>
</tr>
</thead>
</table>

Gender: [ ] Male [ ] Female

Are you a U.S. Citizen? [ ] Yes [ ] No

Check one or the other: [ ] Hispanic/ Latino [ ] Non-Hispanic/Latino

Check all that apply:

- [ ] Black or Native American
- [ ] American Indian or Alaskan Native
- [ ] Native Hawaiian or Other Pacific Islander
- [ ] Asian
- [ ] Unknown
- [ ] White

Residential Address: ___________________________  City, State, & Zip: ___________________________

Residential Phone #: ___________________________

Please return this form to the contact person of your affiliated college/ department (who will forward, with their approval to FSU Human Resources.)

Please select the computing resources the Affiliate will need access to below (check all that apply).

- [ ] FerrisConnect
- [ ] Email
- [ ] Department Fileshares: (Additional Paperwork)
- [ ] Other
- [ ] Banner (additional paperwork) required
- [ ] Need Ferris Computer

If other than listed please indicate: ___________________________

Questions about this form may be directed to Human Resources at 231-591-2150 or Email: fsujobs@ferris.edu.

Submit this form to: HR Office, Prakken 150.

**Part C: To Be Completed by Requesting Department**

Home Department/ Organization#: ___________________________

Ferris Contact/ Supervisor: ___________________________  Contact Phone #: ___________________________

The department and Ferris contact information is REQUIRED. Access cannot be granted without this information.

Campus Location: [ ] Off Campus [ ] On-Campus

If On-Campus, Location (building & room) ___________________________

Ferris Extension #: ___________________________

Dean/ Department Head Approval Signature: ___________________________  Date: ___________________________

To terminate access prior to the one year, please indicate date here: ___________________________

Please select the computing resources the Affiliate will need access to below (check all that apply).

Email: check only if you do not have a current/ active student email

- [ ] FerrisConnect
- [ ] Email
- [ ] Department Fileshares: (Additional Paperwork)
- [ ] Other
- [ ] Banner (additional paperwork) required
- [ ] Need Ferris Computer

If other than listed please indicate: ___________________________

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