

Affiliate Data Collection Form

| 1. Affiliate Information | | | |
|---|--|--|---|
| UID or SSN: | Last Name: | First Name: | Middle Name: |
| Suffix Name (circle one): II III IV V Jr. Sr. None | Birth Date: | Citizenship/Visa Status (check one): <input type="checkbox"/> Citizen of U.S. <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Asylee <input type="checkbox"/> Refugee | |
| 2. Affiliation & Sponsor Information | | | |
| Affiliate Action (check one): <input type="checkbox"/> New <input type="checkbox"/> Renew | Effective Date: / / Expiration Date: / / | Sponsoring Unit: | Sponsor's Name (Tenured, Tenure Track or Exempt Regular): |
| Affiliate Type & Services to be assigned (select one type below and services as appropriate): | | | |
| <input type="checkbox"/> Basic Affiliate: <input type="checkbox"/> No Services <input type="checkbox"/> Directory ID | <input type="checkbox"/> Regular Affiliate: <input type="checkbox"/> Directory ID <input type="checkbox"/> IT Email (mail@umd.edu) <input type="checkbox"/> IT Calendar <input type="checkbox"/> Voice/Data Services <input type="checkbox"/> TerpConnect Account <input type="checkbox"/> Publish Affiliate in Directories <input type="checkbox"/> Parking Permit <u>Services below require ID Card</u> <input type="checkbox"/> Campus Recreation Services <input type="checkbox"/> Library Services <input type="checkbox"/> Campus Building Access <input type="checkbox"/> Residential Facilities Bldg Access | <input type="checkbox"/> Research Affiliate (only sponsored through VPR Division): <input type="checkbox"/> Directory ID <input type="checkbox"/> IT Email (mail@umd.edu) <input type="checkbox"/> IT Calendar <input type="checkbox"/> Voice/Data Services <input type="checkbox"/> TerpConnect Account <input type="checkbox"/> Publish Affiliate in Directories <input type="checkbox"/> Parking Permit <u>Services below require ID Card</u> <input type="checkbox"/> Campus Recreation Services <input type="checkbox"/> Library Services <input type="checkbox"/> Campus Building Access <input type="checkbox"/> Residential Facilities Bldg | <input type="checkbox"/> M-Square Affiliate (only sponsored through VPR Division): <input type="checkbox"/> Directory ID <input type="checkbox"/> Parking Permit <u>Services below require ID Card</u> <input type="checkbox"/> Campus Recreation Services |
| Purpose of Affiliation: <input type="checkbox"/> Auditor <input type="checkbox"/> Vendor <input type="checkbox"/> Intern <input type="checkbox"/> Volunteer <input type="checkbox"/> K-12 <input type="checkbox"/> Other _____ Faculty/Staff <input type="checkbox"/> K-12 Student <input type="checkbox"/> Researcher | | [Non-UMD] Organization: Justification for ID Card Services: | |
| 3. Address Information | | | |
| Primary Email Address: | | | |
| Business/Office Address: | | Phone: | |