### Affiliate Data Collection Form

#### 1. Affiliate Information

<table>
<thead>
<tr>
<th>UID or SSN:</th>
<th>Last Name:</th>
<th>First Name:</th>
<th>Middle Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Suffix Name (circle one):** I  II  III  IV  V  Jr.  Sr.  None

**Birth Date:**

**Citizenship/Visa Status (check one):**
- [ ] Citizen of U.S.
- [ ] Permanent Resident

#### 2. Affiliation & Sponsor Information

**Affiliate Action (check one):**
- [ ] New
- [ ] Renew

**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):**

- [ ] Basic Affiliate:
  - No Services
  - Directory ID

- [ ] Regular Affiliate:
  - Directory ID
  - OIT Email (mail@umd.edu)
  - OIT Calendar
  - Voice/Data Services
  - Publish Affiliate in Directories
  - Parking Permit

- [ ] UMCP Retiree Affiliate:
  - Directory ID
  - OIT Email (mail@umd.edu)
  - Parking Permit
  - Campus Recreation Services
  - Library Services
  - Campus Building Access
  - Residential Facilities Bldg Access

- [ ] Research Affiliate (only sponsored through VPR Division):
  - Directory ID
  - OIT Email (mail@umd.edu)
  - OIT Calendar
  - Voice/Data Services
  - Publish Affiliate in Directories
  - Parking Permit

**Services below require ID Card**
- Campus Recreation Services
- Library Services
- Campus Building Access
- Residential Facilities Bldg Access

**Retiree ID Card Privileges do not require Dean/VP approval**

**Purpose ofAffiliation:**
- [ ] Researcher
- [ ] Retiree
- [ ] Other ____________

**Organization:**

**Justification for ID Card Services:**

#### 3. Address Information

**Primary Email Address:**

**Business/Office Address:**

By my signature, I approve the Affiliate and ID Card Services selected above:

________________________
Dean or Vice President Signature

________________________
Dean or Vice President PRINTED Name

________________________
Date

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APPROVED FORM MUST BE MAILED TO: OFFICE OF DATA ADMINISTRATION ATTN: AFFILIATES, RECKORD ARMORY, RM 1103
Instructions for Completing UMD Affiliate Data Collection Form

Section 1: Social security numbers are required by UMD

Section 2:

Sponsoring Unit: VPR

Affiliate Type: Use the fourth column, “Research Affiliate” and check one or all of the following boxes: Parking Permit, Campus Recreation Services, or Library Services

[Non-UMD] Organization: American Center for Physics

Purpose of Affiliation: Researcher

Justification for ID Card Services: “To access the library for research”

Section 3: You can use your society e-mail address and the ACP address in this section

Once you have filled out the form, email it to: acpservices@aip.org

When you are approved and in the system, ACP will be notified by UMD and will let you know. You will then need to establish a directory ID and password. Please go to: http://www.it.umd.edu/new/employee.html for the steps on how to establish a directory ID and password. After you have done this, you may obtain your ID card by going to the Mitchell Building, Office of the Registrar, first floor. You will need to bring a photo ID (driver’s license, passport, etc.). ID cards are available Monday-Friday, 8:00am-5:00pm. An ID card will be created and given to you at that time.

March 2019