

Affiliate Data Collection Form

1. Affiliate Information

UID or SSN:	Last Name:	First Name:	Middle Name:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Birth Date:	Citizenship/Visa Status (check one): <input type="checkbox"/> Citizen of U.S. <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Visa Status if Non-US Citizen _____ <input type="checkbox"/> Others _____

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):
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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
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Purpose of Affiliation <input type="checkbox"/> Auditor <input type="checkbox"/> Retiree <input type="checkbox"/> Intern <input type="checkbox"/> Vendor <input type="checkbox"/> K-12 <input type="checkbox"/> Volunteer <input type="checkbox"/> Faculty/Staff <input type="checkbox"/> Other _____ <input type="checkbox"/> K-12 Student <input type="checkbox"/> Researcher	[Non-UMD] Organization: Justification for ID Card Services:
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3. Address Information

Home Address:	Primary Email Address:
Business/Office Address:	Phone Number: