

## 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):

Full Legal Name: (First, Middle, Last): \_\_\_\_\_

Social Security #: \_\_\_\_\_ Birth Date: \_\_\_\_\_

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

This information is used only to uniquely identify you in the HR database; this information will not be released to other parties.

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.)

### Part B (Required):

Please follow this link to access, print out, and sign the Confidential Data Security Agreement Form required to view Ferris Data.

<http://www.ferris.edu/htmls/staff/forms/datasecurity/SecurityAgreement.pdf>

The Confidential Data Security Agreement Form must be submitted with this form. Both are required to grant access.

Please follow this link to review the Family Educational Rights and Privacy Act (FERPA) regarding rights & responsibilities.

<http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html>

<http://www.ferris.edu/HTMLS/administration/buspolletter/information/index.htm>

### 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: \_\_\_\_\_

Print Name: \_\_\_\_\_ 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: \_\_\_\_\_

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

Submit this form to: HR Office, Prakken 150.