



Information Technology - Office of Identity Management Affiliate Request Form

Enter the required information in each field, then click PRINT FORM on the lower left portion of the form. All data is required. Sign the form and FAX to **405-744-2874**.

Affiliate Information:

NOTE: All fields are required. When entering the End Date of the affiliation, please remember that affiliations last **up to 1 year**. If applicable, Affiliations must be renewed each year by submitting a new form to Identity Management. **If a Banner ID/CWID is not assigned to the affiliate form, a photocopy of the social security card (SSN), numident, or military ID displaying the SSN must accompany the form.**

Submit Date:

Affiliate First Name:

Affiliate Last Name:

Banner ID/SSN Birth Date:

Start Date: End Date:

Affiliate's Alternate (Personal) Email Address:

ID Card Information: OSU-Stillwater campus only. ID Card Production Office: 421 Classroom Building.

Yes, an ID Card is Required No, an ID Card is Not Required Spousal ID Request - ISS Office Only - enter cwid as acct#

If yes, the \$17 will bill to: Dpt. Account #:

Reason for Affiliation: Affiliate must not be paid by OSU through Human Resources, or have a paid assignment pending.

Enter Here:

Sponsoring Department Information:

Note: The contact person(s) will be notified when the affiliation has been processed or if questions arise. All fields are required, including Banner Org code.

Contact Name: Phone Number:

Contact Email: 2nd Contact:

Banner Org Code: (Ex: 100123)

Department Name:

If no Banner ID is assigned to this customer, a copy of his or her social security card must accompany this form in order to establish initial IT services. Once a Banner ID is assigned, the renewal process does not require a copy of the card. Upon receipt, the form and copy of the card are stored in the Document Imaging Solution, encrypted and both HIPAA and FERPA compliant. If sending a social security number and/or copy of a social security card, FAX this form only. Most email is not encrypted at this time. **WARNING: Do not email this form to the OSU-Stillwater IT Helpdesk at helpdesk@okstate.edu. Doing so will generate an iSupport Ticket, in which the social security number will be embedded. This is against OSU policy. Please only use the FAX number (SSN included) or email account (SSN not included) listed below.** When completed, review the security/liability statement below, print and sign. Once signed, FAX the form to the Identity Management Office at 405 744 2874.

LIABILITY STATEMENT: As sponsor of this OSU Affiliate, I understand they must abide by all current policies and procedures relating to technology use at OSU. I will ensure they are aware of these policies and procedures. Upon completion of this request, the Affiliate will have the ability to activate an O-Key account, receive Exchange Email and Active Directory file and print services, login to any IT computer lab, and obtain an OSU ID card.

Approver Signature

Approver Title

OSU-Stillwater Identity Management Office: 101 IT Building, Stillwater OK, 74078 PHONE: 405-744-7887 / FAX: 405-744-2874 / EMAIL: ID.MGMT@okstate.edu