Affiliate Data Collection Form

1. Affiliate Information

UID or SSN:	**Last Name:**	**First Name:**	**Middle Name:**
Suffix Name: ll III IV V Jr. Sr. None	**Birth Date:** mm/dd/yyyy	**Citizenship/Visa Status:**	

2. Affiliation & Sponsor Information

Affiliate Action (check one): ❑ New ❑ 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):

❑ Basic Affiliate: ❑ No Services ❑ Directory ID	**❑ Regular Affiliate:** ❑ Directory ID ❑ IT Email (mail@umd.edu) ❑ IT Calendar ❑ Voice/Data Services ❑ TerpConnect Account ❑ Publish Affiliate in Directories ❑ Parking Permit *Services below require ID Card* ❑ Campus Recreation Services ❑ Library Services ❑ Campus Building Access ❑ Residential Facilities Bldg Access	**❑ Research Affiliate (only sponsored through VPR Division):** ❑ Directory ID ❑ IT Email (mail@umd.edu) ❑ IT Calendar ❑ Voice/Data Services ❑ TerpConnect Account ❑ Publish Affiliate in Directories ❑ Parking Permit *Services below require ID Card* ❑ Campus Recreation Services ❑ Library Services ❑ Campus Building Access ❑ Residential Facilities Bldg	**❑ M-Square Affiliate (only sponsored through VPR Division):** ❑ Directory ID ❑ Parking Permit *Services below require ID Card* ❑ Campus Recreation Services

Purpose of Affiliation: ❑ Auditor ❑ Vendor ❑ Intern ❑ Volunteer ❑ K-12 ❑ Other _____ 　 Faculty/Staff ❑ K-12 Student ❑ Researcher	**[Non-UMD] Organization:** **Justification for ID Card Services:** **Your Primary Email Address:**

3. Address Information

Home Address:	**Phone:**
Business/Office Address: **On Campus: Building/Room**	**Phone:**