



Northern Arizona University  
Affiliation Authorization & Application Form

**\*\*Fields in RED are REQUIRED**

***This section to be completed by the NAU Affiliate sponsor***

Current date: _____	Desired effective date for this request: _____	<b>Duration of this Individual's affiliation with NAU:</b> (access will be disabled upon expiration) <input type="checkbox"/> 1 year (requires annual renewal) – OR – End Date (if less than 1 year): _____
<b>Affiliation Type</b> (Relationship agreement with NAU): _____ (see <a href="http://www.nau.edu/its/learn/affiliationlist/">http://www.nau.edu/its/learn/affiliationlist/</a> for a list of affiliation types and associated services)		<b>Please initial to confirm that the affiliate has read and agreed to the Network Acceptable Use Policy located at:</b> <a href="https://nau.edu/ITS/Policies/NetworkUseFacStaffPolicy/">https://nau.edu/ITS/Policies/NetworkUseFacStaffPolicy/</a>
Department Number (optional): _____		
Requested electronic services in addition to the affiliation default set – provide description and justification:		
Please describe the activities performed by the Affiliate which support NAU's mission:		

***Affiliate Information***

<b>Legal Last Name:</b> _____ <b>First Name:</b> _____ <b>Middle Name:</b> _____	<b>Alternate ID</b> (Visa, Driver's License, etc.): _____
Street Address: _____ City: _____ State: _____ Postal code: _____ Country: _____	
<b>**Please provide AT LEAST ONE of the indicated phone numbers</b>	
Cell phone: _____ Daytime Phone: _____ Evening Phone: _____	
<b>Email address:</b> _____	
External Employer/Company Name: _____	
<b>Birth date:</b> _____	<b>Gender (Male or Female):</b> _____ Affiliates are published in NAU's directory. Check this box to indicate that you'd like to discuss a non-publish status for this affiliate: <input type="checkbox"/>

***Sponsor Information***

<b>Sponsor Last Name:</b> _____ <b>First Name:</b> _____ <b>Middle Name:</b> _____	<b>Sponsor NAU Emplid:</b> _____ <b>Sponsor Phone Number:</b> _____
NAU Email Address: _____	
Current NAU Position Title: _____ Department Number: _____	

***Contact Information***

<b>Contact Last Name:</b> _____ <b>First Name:</b> _____ <b>Middle Name:</b> _____	<b>Contact's NAU Emplid (if NAU employee):</b> _____ <b>Contact Phone Number:</b> _____
<b>Email address (NAU preferred):</b> _____	
<b>If Contact is not an NAU employee, please provide address information for Contact:</b>	

ATTN: Affiliate Management Office.  
Phone: 928/523-4985      Email: [AfflidMg@nau.edu](mailto:AfflidMg@nau.edu)

Please send request by email to: [AfflidMg@nau.edu](mailto:AfflidMg@nau.edu)