Affiliate Request Form

Submit this word document as an attachment in a [ServiceNow Request Form](#). Sponsored affiliate accounts provide individuals not directly affiliated with NAU access to University IT Systems. Only individuals working in conjunction with or collaborating in an official capacity with the University are qualified for a Sponsored Affiliate Account.

*NOTE: ALL AFFILIATES MUST BE SPONSORED BY AN NAU DIRECTOR OR OTHER EXECUTIVE OF THE UNIVERSITY.

Affiliate Information

First   **Middle**   **Last**

Address

City   **State**   **Zip**   **Country**

Does this individual have an NAU account or held one previously?   Yes   No

    Social Security Number   **Date of Birth**

    Alternate ID Number   **Sex**   Female   Male

Alternate ID Description   **Phone Number**

Affiliation Start Date   **Email Address**

Affiliation Type   **External Employer**

Affiliate Expiration Date   1 year   Less than 1 year

Business Justification

Sponsor Information, should be a Director or other Executive of the University

First   **Last**   **Employee ID#**

Phone   **Email**

Dept   **Current Position Title**

Contact Information – Contact information   IS   IS NOT the same as Sponsor information

First   **Last**   **Employee ID #**

Phone   **Email**

Dept   **Current Position Title**

DO NOT email this form as that violates NAU's [Data Classification and Handling Policy and Protocols](#).