



# AFFILIATE IDENTITY REQUEST

RECEIVED

Office of the Registrar  
907-474-6300 • 877-474-6046  
uaf-registrar@alaska.edu

P \_\_\_\_\_

Office use only

This form is used to request a UA identity record, which will provide a UA ID number and a record in the system-wide university database. This form should not be used to request a UA identity record for new university faculty or staff; a UA ID will be created automatically as part of the hiring process.

Access to university systems is granted separately; however, in most cases, individuals must have a UA identity record before access to any system can be granted.

If you are unsure if this form is appropriate for your situation, please contact the Office of the Registrar

Please provide a government-issued ID. If submitting electronically, please provide a copy.

Last		First	Middle	Social Security number	
Mailing address				Birth date	Gender
City	State	Zip	Primary phone		
Permanent address				Secondary phone (optional)	
City	State	Zip	Email		

### DEMOGRAPHIC INFORMATION:

Male  Female

US Citizen?  Yes  No If no, Nation of birth: \_\_\_\_\_ Nation of citizenship: \_\_\_\_\_

Visa Type: \_\_\_\_\_ Permanent Resident?  Yes  No

### AFFILIATION:

Provide a brief statement explaining why you need a UA identity (e.g. access to UA housing, network resources, buildings, etc.):

\_\_\_\_\_

Which UA department or unit can verify your university affiliation?: \_\_\_\_\_

I understand I am responsible for all applicable UA regulations, rules and expectations of affiliated individuals.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Office use only

Processed By: \_\_\_\_\_

Date: \_\_\_\_\_

ID Checked: \_\_\_\_\_

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