

<h2 style="margin: 0;">SECTION 1</h2> <p style="margin: 5px 0;">To be completed by the University Affiliate Applicant</p>	Personal Identification and Information					
	Last Name			Prefix		Suffix
	First Name		MI	Maiden/Birth Surname (if applicable)		
	Street Address			Apt./Unit #	City	
	State/Province		ZIP/Postal Code	County		Country (if not United States)
	Primary Phone Number		Primary Phone Type	Secondary Phone Number		Secondary Phone Type
	Personal Email Address		Driver's License (DL) Number		DL State	S.S.N. (last 4 only) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Biographical Information		For the following section, refer to the information provided here as reference for Question 1.		Ethnicity: AA = Black/African American, AI = American Indian/Alaskan Native, AS = Asian, CA = Caucasian/White, HW = Native Hawaiian or Other Pacific Islander	
Gender	M <input type="checkbox"/> F <input type="checkbox"/>	Birthdate	1. Ethnicity	1a. (if Caucasian)	Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/>

Emergency Contact Information		For the following section, refer to the information provided here as reference.		Phone Type: Permanent/Home, Business/Work, Personal Cell, Parent/Guardian	
Relationship to Applicant			Relationship to Applicant: Sibling, Child, Parent, Doctor, Relative, Spouse, Ex-Spouse, Friend, Guardian, In-Law, Neighbor, Domestic Partner, Significant Other, Advisor/Sponsor, Embassy		
Emergency Contact Last Name		Emergency Contact First Name		MI	
Emergency Contact Permanent Street Address			Apt./Unit #	City	
State/Province		County	ZIP/Postal Code		Country (if not United States)
Emergency Contact Phone Number		Emergency Contact Phone Type		Emergency Contact Email Address (optional)	

Previous Affiliation		For the following section, refer to the information provided here as reference for question 2c.		Type of Affiliation: Student, Prospective Student, Staff, Faculty, Vendor, Contractor, Food Services, Press, Volunteer, Presenter/Performer	
2. Has this person attended, been affiliated to, or been employed by Stockton University previously?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
2b. (if yes) Username			2a. (if yes) Z-Number	Z <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
2d. (if yes) Previous School/Managing Organization			2c. (if yes) Type of Affiliation		
			2e. (if yes) Previous Manager's/Supervisor's Name		

Applicant Signature _____		Date _____	
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<h2 style="margin: 0;">SECTION 2</h2> <p style="margin: 5px 0;">To be completed by Stockton Management Entity/Sponsor</p>	Management Entity / Sponsor Information	
	Authorizer Name	Authorizer Stockton Phone Number
	Authorizer Stockton Email Address	Authorizer Title

Authorizer Signature _____		Date _____	
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SECTION 2a		For the following section, refer to the information provided here as reference.		The Management Entity will select from the choices in Section 2a that represents the division, department or organization that they are authorized for the approval of University Affiliates.	
A & F	Administration and Finance (A&F)				
	Accounts Payable	Budget & Fiscal Planning		Bursar's Office	Fiscal Affairs
	Human Resources	Mailroom		Payroll	Purchasing
	Police (POLICE)				
	Campus Police and Public Safety				
Stockton Affiliated Services Incorporated (SASI)					
Bookstore	Food Service		Transportation	Vending	
Campus Bank					
Facilities (FACILITIES)					
Department of Facilities Management & Plant Operations			Department of Facilities Planning & Construction		
Custodial					
Seaview (SEAVIEW)					
Seaview Hotel and Golf Club					

SECTION 2a (cont.)

For the following section, refer to the information provided here as reference.

The Management Entity will select from the choices in Section 2a that represents the division, department or organization that they are authorized for the approval of University Affiliates.

**A
C
A
D**

Academic Affairs (ACAD)	Academic Advising	Office of Research & Sponsored Programs	Bursar's Office	Student Records/Registrar
	Honors Program	Institute for Faculty Development		
Atlantic City Operations (ACO)	Carnegie Center	Dante Dance Hall Theater	Noyes Art Garage	Champions of Youth
School of Arts and Humanities (ARHU)	School of Arts and Humanities			
School of Business (BSNS)	School of Business			
School of Education (EDUC)	School of Education			
School of General Studies (GENS)	School of General Studies		International/Office of Global Engagement	
School of Graduate and Continuing Studies (GRAD)	School of Graduate and Continuing Studies			
School of Health Sciences (HLSC)	School of Health Sciences		Clinical Facility	
Holocaust Research Center (HRC)	Holocaust Research Center			
Richard E. Bjork Library (LIB)	Richard E. Bjork Library			
School of Natural and Mathematical Sciences (NAMS)	School of Natural and Mathematical Sciences		Nacote	
Performing Arts Center (PAC)	Performing Arts Center			
Satellite Campus (SAT)	Hammonton Campus		Manahawkin Campus	
School of Social and Behavioral Sciences (SOBL)	School of Social and Behavioral Sciences			
Southern Regional Institute and Educational Technology Training Center (SRI)	Southern Regional Institute and Educational Technology Training Center			

**O
P
R**

President's Office (OPR)	Institutional Diversity and Equity	Institutional Research and Planning	Graphics Production	Fiscal Affairs
Board of Trustees (BOT)	Board of Trustees	Foundation Board		
University Relations & Marketing (EXT)	University Relations & Marketing			
Hughes Center (HUGHES)	Hughes Center			
Information Technology Services (ITS)	Information Technology Services			

**S
T
U
D**

Student Affairs (STUD)	Career Center	Vice President for Student Affairs	Dean of Students Office	Enrollment Management
	Educational Opportunity Fund	Office of Student Rights and Responsibilities and CARE Program		
Athletics (ATHLETE)	Office of Athletics and Recreation			
Campus Center Operations (CC)	Event Services and Campus Center Operations	Free To Be	Student Development	
Residential Life (RESLIFE)	Residential Life			
Counseling, Community Wellness, and Community Health Education (WELL)	Counseling, Community Wellness, and Community Health Education			

SECTION 2b

SCAN AND RETURN TO: information.security@stockton.edu

A work order must be placed with the University Lock Shop. Work through the sponsoring Management Entity for all physical access requests.

ID Card Required	Yes	No	Lock Access Required	Yes	No
IT Entitlements	Network	Email	Remote	INB Banner	Print
	Lab	WiFi	Library	@stockton	@go.stockton
				VDI	VPN
				Create Account	BW
					C

SECTION 3

To be completed by the University Office of Information Security

OFFICE OF INFORMATION SECURITY USE ONLY

Z-Number	Z									Third Party ID						
Attribute 1										Attribute 3						
Attribute 2										Special						
										Expiration						

FINAL APPROVAL

Provision	Initial	De-Provision	Initial
Date		Date	

Stockton University
University Affiliate
Entitlement Request Form
Version 2.4 - 03/10/2017
Office of Information Security
information.security@stockton.edu

