**AFFILI ATE UNIVERSITY ID REQUEST**



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| --- | --- | --- | --- |
| Effective Date: |  | Renewal Date: |  |

## Section 1: To be completed by Affiliate

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Legal First Name: | | | | Legal Middle Name: | | | | | | Legal Last Name: | | | | | | | |
|  | | | |  | | | | | |  | | | | | | | |
| Preferred First Name: | | | | Preferred Middle Name: | | | | | | Preferred Last Name: | | | | | | | |
| Home Address: |  | | | | | | | City: |  | | | State: |  | | Zip: |  | |
| Main Phone: |  | | | | | | Mobile Phone: | | | |  | | | | | | |
| Gender: | Female | Male | | | Have you ever been affiliated with Butler before? | | | | | | | | | Yes | | | No |
| Personal email Address: | | |  | | | | | | | | | | | | | | |
| Date of Birth and/or Butler ID: | | |  | | | | | | | | | | | | | | |
| Dept. Working With: |  | | | | | Name of Authorizing Butler Sponsor : | | | | |  | | | | | | |

Butler University has an integrated database for administrative departments across campus. By requesting services on campus and signing this form, you understand that your personal data will be entered into this integrated system and available for use within the system. You must be a part of the integrated database to receive a University ID and receive the services you are requesting.

I have read and understand the above statements

Signature of Affiliate:

## Section 2: To be completed by Butler Sponsor

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| --- | --- |
| **Background check:** Affiliates and Volunteers will be required to complete a background check based on the duties and responsibilities of each Affiliate. Those who work with minors must successfully complete a background check. Additionally, background checks must be successfully completed for those who are regularly on campus, have access to University financial information, student personal information, or employee personal information. \*\*Personal Information: full name, home address, email address, national identification number, passport number, IP address, vehicle registration plate number, driver's license number, face, fingerprints, or handwriting, credit card numbers, digital identity, date of birth, birthplace, genetic information, telephone number, and login name, nickname or handle.\*\* | |
| Background Check Needed: Yes  No |

**Please designate Affiliate category** Click here to choose an Affiliate.

**\*Sponsor must submit a service desk ticket at** [**https://iservicedesk.butler.edu/iservicedesk/**](https://iservicedesk.butler.edu/iservicedesk/) **to request building access.**

**\*Please note that renewals must be requested annually as access will expire one year from the above effective date.**

Signature of Authorizing Butler Sponsor: Date:

Clearly Print Title & Name:  Phone:

(Revised 7/2020) Please Route Form to Human Resources, JH 037 or [hrstatusform@butler.edu](mailto:hrstatusform@butler.edu)

*Questions: visit* [*ask.butler.edu*](https://butleru.force.com/askbutler/s/) *or email* [*askhr@butler.edu*](mailto:askhr@butler.edu)