



Information Technology - Office of Identity Management Affiliate Request Form

Enter the required information in each field, then click PRINT FORM on the lower left portion of the form. All data is required. Sign the form and FAX to 405-744-2874.

Affiliate Information:

Submit Date:

NOTE: All fields are required. When entering the End Date of the affiliation, please remember that affiliations last up to 1 year. If applicable, Affiliations must be renewed each year by submitting a new form to Identity Management.

Affiliate First Name:

Affiliate Last Name:

CWID/SSN:

Birth Date:

Start Date:

End Date:

ID Card Information:

NOTE: Only request an ID card for use on the OSU-Stillwater campus. Otherwise, click the "No, an ID Card is Not Required" option.

Yes, an ID Card is Required

No, an ID Card is Not Required

Spousal ID Request - ISS Office Only - enter cwid as acct#

If yes, the \$17 will bill to:

Dpt. Account #:

ID Card Production Office: 432 Student Union, 405-744-8434 - Stillwater campus only

Reason for Affiliation:

Enter Here:

Sponsoring Department Information:

Note: The contact person(s) will be notified when the affiliation has been processed or if questions arise. All fields are required, including Div/Dpt codes.

Contact Name:

Phone Number:

Contact Email:

2nd Contact:

Division Code (AA, AB, etc)

Dpt Code (5-char)

Department Name:

If no Campus-Wide ID (CWID) is assigned to this customer, a copy of his or her social security card must accompany this form in order to establish initial IT services. Once a CWID is assigned, the renewal process does not require a copy of the card. Upon receipt, the form and copy of the card are stored in the Document Imaging Solution, encrypted and both HIPAA and FERPA compliant. If sending a social security number and/or copy of a social security card, FAX this form only. Most email is not encrypted at this time. **WARNING:** Do not email this form to the OSU-Stillwater IT Helpdesk at helpdesk@okstate.edu. Doing so will generate a c.Support Ticket, in which the social security number will be embedded. This is against OSU policy. Please only use the FAX number or email account listed below. When completed, review the security/liability statement below, print and sign. Once signed, FAX the form to the Identity Management Office.

LIABILITY STATEMENT: As sponsor of this OSU Affiliate, I understand they must abide by all current policies and procedures relating to technology use at OSU. I will ensure they are aware of these policies and procedures. Upon completion of this request, the Affiliate will have the ability to activate an O-Key account, receive Outlook Email and Active Directory file and print services, login to any IT computer lab, and obtain an OSU ID card.

Approver Signature

Approver Title

OSU-Stillwater Identity Management Office: 104 Mathematical Sciences, Stillwater OK, 74078
PHONE: 405-744-7887 / FAX: 405-744-2874 / EMAIL: ID.MGMT@okstate.edu