Carleton University, University Safety - Affiliate Application Form

Step 1: **Enter the affiliate's current general person information below.**

All fields are required, with the exception of the email address

PLEASE PRINT CLEARLY, USING BLOCK LETTERS.

Last Name:	
First Name:	
Middle Name:	
Birth Date:	**Day (DD):** _____ **Month (MON):** _____ **Year (YYYY):** _____
Address line 1:	
Address line 2:	
Address line 3:	
City:	**Prov:** _____ **PostalCode:** _____
Telephone:	**Area Code:** _____ **Number:** _____ **Ext:** _____
Email (if available):	

Step 2: **If the affiliate was a student, employee, etcetera at Carleton University in the past, please provide the information below.**

   This information is needed to determine if the person is already in the Carleton University database.

Role	When (approximate)	Last Name (if different from Step 1)	First Name (if different from Step 1)	Existing ID number (if known)

Step 3: **To be completed by the sponsor.** ***The affiliation period cannot exceed one year.***

Affiliation Type:	General, with campus card: General, no campus card:
Affiliation Effective Date:	**Day(DD):** _____ **Month(MON):** _____ **Year(YYYY):** _____
Affiliation Expiry Date:	**Day(DD):** _____ **Month(MON):** _____ **Year(YYYY):** _____
Affiliate Sponsor Department:	**Subgroup/ Company:**

Affiliate signature: _____   **Date:** _____

Sponsor Name: _____

Sponsor signature: _____   **Date:** _____

Data Entry Office Use Only

Affiliate Banner ID: _____

Updated By: _____   **Updated Date:** _____