

Carleton University. University Safety - Affiliate Application Form

The personal information requested on this form is collected in accordance with Sections 38(2) and 41(1) of the Freedom of Information and Protection of Privacy Act (FIPPA), R.S.O. 1990, c.F.31 as amended. The information provided will not be used for any purposes other than those stated upon this form unless the applicant provides express written consent. Should you have any questions concerning your personal information please contact Brian Billings, Executive Director of Campus Safety Services, 203 Pigiavik, (613) 520-2600 ext 8534. Carleton University is fully compliant with FIPPA and endeavors at all times to treat your personal information in accordance with this law.

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: _____