## Carleton University, Campus Safety Services - Affiliate Application

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 Pigiarvik, (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

|  |                                     | PLE/               | ASE PRIN       | NT CLEA    | RLY, U                | ISING                    | BLOCK L     | ETTERS.                              |                    |            |
|--|-------------------------------------|--------------------|----------------|------------|-----------------------|--------------------------|-------------|--------------------------------------|--------------------|------------|
| 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 aff information below   | w.                                  | •                  |                | ,          |                       |                          |             | sity in the past,<br>Carleton Univer | •                  | •          |
| Role   | When                                |                    |                |            |                       | First Name               |             |                                      | Existing ID number |            |
|  |                                     |                    |                |            | ent from Step 1)      |                          | (if differe | (if different from Step 1)           |                    | (if known) |
|  |                                     |                    |                |            |                       |                          |             |                                      |                    |            |
|  |                                     |                    |                |            |                       |                          |             |                                      |                    |            |
|  |                                     |                    |                |            |                       |                          |             |                                      |                    |            |
| Sten 3: To be co   | mnlete                              | d by the snon      | sor <i>The</i> | affiliatio | on neri               | od ca                    | nnot exce   | ed one vear                          |                    |            |
| Step 3: To be completed by the sponsor. <u>The affiliation period</u> Affiliation Type: General, with campus card: |                                     |                    |                |            |                       | General, no campus card: |             |                                      |                    |            |
| Affiliation Effecti  |                                     | Day(DD): Month(MON |                |            |                       |                          |             |                                      |                    |            |
| Affiliation Expiry   | Day(DD):                            |                    |                |            |                       |                          |             |                                      |                    |            |
| Affiliate Sponsor Department:  |                                     |                    |                |            | Subgroup/<br>Company: |                          | -           |                                      |                    |            |
|  |                                     |                    |                |            |                       |                          |             |                                      |                    |            |
| Affiliate signature:   |                                     |                    |                |            |                       |                          | ate:        |                                      | =                  |            |
| Sponsor Name:  |                                     |                    |                |            |                       |                          |             |                                      |                    |            |
| Sponsor signature:   |                                     |                    |                |            |                       | _ Date:                  |             |                                      |                    |            |
| Data Entry Offi  | ce Use                              | <u>Only</u>        |                |            |                       |                          |             |                                      |                    |            |
| Affiliate Banner ID:   |                                     |                    |                |            |                       |                          |             |                                      |                    |            |
| Updated By: Updated Date:  |                                     |                    |                |            |                       |                          |             |                                      |                    |            |