



Affiliate Information Form

NOTE: Affiliates are defined as any person who is not paid by or is not attending the University of North Carolina at Pembroke and requires university resources (i.e. email address, Braves Card, network access, etc.) to work in conjunction with UNCP. Please submit this form to the Office of Human Resources for processing.

PLEASE TYPE OR PRINT CLEARLY

NAME: (Print legal name as listed on Social Security Card)

DATE OF BIRTH:

_____/_____/_____
PREFIX FIRST MIDDLE LAST SUFFIX MM DD YYYY

*SOCIAL SECURITY NUMBER: must send SSN# via password protected email or call the Office of Human Resources at 6279.

MAILING ADDRESS

CITY STATE ZIP COUNTY

PRIMARY PHONE Home Cell Other SECONDARY PHONE Home Cell Other

E-MAIL ADDRESS

Gender: M F Not Disclosed **MARITAL STATUS:** Single Separated Divorced
 Married Widowed

Race and Ethnicity: Are you Hispanic or Latino? Yes No Not Disclosed

If you have identified yourself as Hispanic or Latino, you are not required to select an additional category.

American Indian/Alaskan Native Asian African American
 Native Hawaiian or Other Pacific Islander White

PLEASE CHECK THE CITIZEN STATUS THAT APPLIES:

___ A CITIZEN OF THE UNITED STATES ___ A NON-RESIDENT ALIEN

___ A LAWFUL PERMANENT RESIDENT (ALIEN#) _____

AFFILIATE BEGIN DATE _____ ANTICIPATED END DATE _____

BY SIGNING THIS FORM, I AGREE THE INFORMATION PROVIDED ABOVE IS CORRECT TO THE BEST OF MY KNOWLEDGE.

AFFILIATE SIGNATURE AND DATE _____

For Department Use Only: REPORTS TO DEPARTMENT BANNER FUND/ORG _____ DEPARTMENT NAME _____ FINANCIAL MANAGER/WORK UNIT AUTHORIZATION _____ PHONE # _____
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For Human Resources Use Only: Date Entered _____ Affiliate Banner ID _____ Department Notified Date _____
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