

- Submit this request through the HR Service Request System (SRS)
- Select staff or academic
- Under 'Other Change, select 'Badge/Door Access' as the ticket type
- Fill in requested ticket information, attach this completed form, submit for departmental review/approval

Affiliate Information (To be completed by the proposed affiliate)

Please type or print legibly. Use legal name as documented on valid form of ID:

First Name:			
Middle Name/Initial:			
Last Name:			
Suffix:			
Date of Birth: MMDDYYYY			
Birth City:		State and/or Country:	

The information I have provided on this form is true and accurate to the best of my knowledge.

Employee Signature: _____ Date: _____

Privacy Notification: The principal purpose for requesting the information on this form is to administer the issuance of a UCSF identity. A UCSF identity is established for employees, students, residents, fellows, and affiliates of UCSF for access to University resources. UCSF has a right to gather, verify and store identity information on individuals who affiliate with the University. Identity Management Workers are responsible for keeping personal information safeguarded, secure, confidential, and for reporting any breaches to appropriate authorities.

Department Information (To be completed by the department)

Check the box above the requested affiliate type:						
Affiliate Type (refer to affiliate code list)	Professional Services Contractor (CNTRCT)	Employee of Affiliated Organization (AFFEMP)	Employee of Contracting Firm (VNDEMP)	Access Extension (ACCEXT)	Observer (OBSRVR)	Volunteer (VOL)
Start Date:			End Date:			
Department Name:			Dept ID:			