



Office of the Registrar
907-474-6300 • 877-474-6046
uaf-registrar@alaska.edu

AFFILIATE IDENTITY REQUEST

RECEIVED

P _____

Office use only

This form is used to request a UA identity record, which will provide a UA ID number and a record in the system-wide university database. This form should not be used to request a UA identity record for new university faculty or staff; a UA ID will be created automatically as part of the hiring process.

Access to university systems is granted separately; however, in most cases, individuals must have a UA identity record before access to any system can be granted.

If you are unsure if this form is appropriate for your situation, please contact the Office of the Registrar.

Please provide a government-issued ID. If submitting electronically, please provide a copy.

Please allow 2-3 business days for processing.

Form fields for personal information: Last, First, Middle, Social Security number, Mailing address, Birth date, Gender, City, State, Zip, Primary phone, Permanent address, Secondary phone (optional), City, State, Zip, Email

DEMOGRAPHIC INFORMATION:

Male Female

US Citizen? Yes No If no, Nation of birth: Nation of citizenship:

Visa Type: Permanent Resident? Yes No

AFFILIATION:

Provide a brief statement explaining why you need a UA identity (e.g. access to UA housing, network resources, buildings, etc.):

Which UA department or unit can verify your university affiliation?:

I understand I am responsible for all applicable UA regulations, rules and expectations of affiliated individuals.

Signature: Date:

Office use only