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**1601 FR.03**

**Sponsored Identity Request Form**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Requested by** | | | | | | | |
| **Name:** Click here to enter text. | | | | **Phone:** Click here to enter text. | | | |
| **Signature:** | | | | **Date:** | | | |
| **Authorized by (Lead Administrator or Operations Manager ONLY)** | | | | | | | |
| **Name:** Click here to enter text. | | | | **Phone:** Click here to enter text. | | | |
| **Signature:** | | | | **Date:** | | | |
| **Request Type** *[selection of (only) one request type is required]* | | | | | | | |
| Creation  Modification  Re-Activation  De-Activation | | | | | | | |
| **Sponsor Information** *[this section is only required for creation request type]* | | | | | | | |
| **Name:** Click here to enter text.  **Title:** Click here to enter text. | **Title:** Click here to enter text. | | | | **Oracle Home Org:** Click here to enter text. | | |
| **Identity Information**   1. *For the creation of a new identity, all required fields in this section must be populated (excluding NetID)* 2. *For the modification of an existing identity, populate only NetID and the fields being modified* 3. *For the re-activation of an identity, populate only NetID, Effective Start Date, and Effective End Date* 4. *For the de-activation of an identity, populate NetID and Effective End Date* | | | | | | | |
| **NetID:** Click here to enter text. | | | | | | | |
| **Role:** *[selection of (only) one role is required]*  Agency Associates (unpaid)  Alumni Development Volunteer  Consultants (SOW)  Contractors (Requiring NetID)  Daycare Workers  Dean/Dir./Master Family  Dummy ID (Test/Training)  Faculty Spouses (unpaid/no benefits)  Res. College Associate Fellow  Volunteers   Others Click here to enter text. | | | | | | | |
| **Effective Start Date:** Click here to enter a date. | | | | **Effective End Date:** Click here to enter a date. | | | |
| **First Name:**  Click here to enter text. | | | **Last Name:**  Click here to enter text. | | | | **Gender:**  Male  Female |
| **Home Street Address:** Click here to enter text. | | | | | | | |
| **City/Town:**  Click here to enter text.  **State:**  Click here to enter text.  **Postal Code:**  Click here to enter text. | | **State:**  Click here to enter text. | | | | **Postal Code:**  Click here to enter text. | |
| **Office:**  Click here to enter text. | | **Location:**  Click here to enter text. | | | | **Mailstop:**  Click here to enter text. | |
| **Office Phone:** Click here to enter text. | | | | | | | |
| **Date of Birth:** Provide via telephone during normal business hours to Nancy Scanlon 203-436-5299. If she is not available, please provide a call back #. Please **do not** provide this information via voicemail. | | | | **Social Security Number:** Provide via telephone during normal business hours to Nancy Scanlon 203-436-5299. If she is not available, please provide a call back #.  Please **do not** provide this information via voicemail. | | | |
| **Supporting Information** *[business reason is not required for de-activation requests, additional information is optional]* | | | | | | | |
| **Business Reason:** Click here to enter text. | | | | | | | |
| **Additional Information:** Click here to enter text. | | | | | | | |

All authorized requests should be forwarded to Sponsored Identity Administrator/IAM for final review – (sponsoredid@yale.edu).