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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).