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**1601 FR.03 *Updated 10/13/2016***

**Sponsored Identity Request Form**

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| **Prepared by:** | | | | | |
| **Name:** | | **Phone:** | | | |
| **Signature:** | | **Date:** | | | |
| **Authorized by: (Lead Administrator or Operations Manager ONLY)** | | | | | |
| **Name:** | | **Phone:** | | | |
| **Signature:** | | **Date:** | | | |
| **Request Type** *[selection of (only) one request type is required]* | | | | | |
| Creation  Modification  Re-Activation  Convert former Yale Staff to SI  De-Activation | | | | | |
| **Sponsor Information** *[See instructions for sponsor definition ]* | | | | | |
| **Name:**  **Title:** Click here to enter text. | **Title:** | | | | **Oracle Home Org #:** |
| **Role:** *[selection of (only) one role is required]*  Chaplains Office Religious Affiliates  Clinical Research Affiliates *(Study staff, participants, data entry)*  Consultants  Contractors  Daycare Staff  Deans/Directors/Head of Colleges Residents and Family Members  Research/Educational Collaborators  Residential College Associate Fellows  Spouses:  Student  Spouses: Faculty/Employee | | | Testing/Training IDs  University Committee Members  Vendor  Visiting Student  Visitor  Volunteer Athletic Coaches  Volunteers  Yale Agency Affiliates  Yale Alumni Development Volunteers  Yale Press London | | |
| **NETID (of Sponsored Identity if available)** | |  | | | |
| **Effective Start Date:** | | **Effective End Date:** | | | |
| **First Name:** | | **Last Name:** | | | |
| **Gender:**  Male  Female | | **Phone:** | | | |
| **Home Street Address *(U.S. Address Only):*** | | | | | |
| **City/Town:**  **State:**  Click here to enter text.  **Postal Code:**  Click here to enter text. | | **State:** | | **Postal Code:** | |
| **\*Date of Birth:** | | **\*Social Security Number:** | | | |
| **Supporting Information** *[business reason is not required for de-activation request)* | | | | | |
| **Business Reason:** | | | | | |
| **Additional Information *(optional)*:** | | | | | |

\*Date of Birth and Social Security number *should never be sent via email.* Please process this form by including the DOB/SS# and faxing to the Employee Service Center at 203-432-5153.