

Affiliate Information Form

Each affiliate (student, volunteer, etc) who accesses ARS IT equipment or who needs unescorted access within a federal facility requires a security background check and LincPass. Anyone who uses IT equipment will also need to take the IT Security Awareness training and test.

For all affiliates, please complete the following information and submit to your PSA. When filling out the form please include affiliates full name. Also ensure you have the correct and valid Agreement number and dates.

First Name _____ Middle Name _____ Last Name _____

Email Address _____

Type of Affiliate (**check all that apply**):

Undergraduate

If student:

Graduate

University Attending _____

ORISE

Year in School _____

Foreign National

Volunteer

Major of Study _____

Visiting Researcher

Retired Collaborator

Other:

If student, provide brief description of job duties:

ARS Supervisor for affiliate: _____

USDA Agreement # if applicable (RSA, NACA or ORISE agreement funding the position **NOT** the UW #)

_____ Expires _____

Account Code: _____ Project # _____ National Program #: _____

Anticipated Start Date: _____

Anticipated End Date: _____

Building and Room Number where affiliate will primarily work: _____

Will affiliate be accessing a computer? (FN residency requirement of 3 years) YES NO

If yes, do you need a new computer setup? (this will take up to two weeks) YES NO

Will the affiliate need building access?: YES NO

If yes, include 1st six numbers on back of student's UW ID or indicate 'no UW ID': _____

Full access (24/7)

6 am - 8 pm, Monday - Friday

Will the affiliate need driving privileges?: _____