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 <u>terri.gureno@ars.usda.gov</u>.

First Name:	Middle Initial	Last Name		
Email Address				
Type of Affiliate:				
Undergraduate Graduate ORISE Foreign National Volunteer Visiting Researcher Retired Collaborator Other:	Ŷ	sity Attending 'ear in School 1ajor of Study		
If student, provide brief descript	ion of job duties:			
ARS Supervisor for affiliate: Agreement Number (or UW TO#) Account Code:) if applicable (RSA, NA	CA or ORISE agreement fur	nding the positi	
			Jgram #:	
Anticipated Start Date: Anticipated End Date: Building and Room Number whe				
Will affiliate be accessing a comp		NO		
If yes, do you need a new cor		-	YES	NO
Will the affiliate need building ac If yes, include 1st six number		NO UW ID or indicate 'no UW I	ID':	
	Full access (24/	(7)		
	6 am - 8 pm, M	onday - Friday		
Will the affiliate need driving pri	vileges?:			