



Office of the Registrar
907-474-6300 * 877-474-6046
uaf-registrar@alaska.edu

AFFILIATE IDENTITY REQUEST

RECEIVED

P _____

Office use only

This form is used to request a UA identity record, which will provide a UA ID number and a record in the system-wide university database. Access to university systems is granted separately, however in most cases individuals must have a UA identity record before access to any system can be granted. UA students, staff and faculty are generally provided with an identity record automatically and do not need to use this form. If you are unsure if this form is required for you, please contact the Office of the Registrar.

Please provide a government-issued ID. If submitting electronically, please provide a copy.

Form with fields for Last, First, Middle, Social Security number, Mailing address, Birth date, Gender, City, State, Zip, Primary phone, Permanent address, Secondary phone optional, City, State, Zip, Email.

DEMOGRAPHIC INFORMATION:

Male Female

US Citizen? Yes No If no, Nation of birth: Nation of citizenship:

Visa Type: Permanent Resident? Yes No

AFFILIATION:

Provide a brief statement explaining why you need a UA identity (e.g. access to UA housing, network resources, buildings, etc.):

Two horizontal lines for providing a statement.

Which UA department or unit can verify your university affiliation?:

I understand I am responsible for all applicable UA regulations, rules and expectations of affiliated individuals.

Signature: Date:

Office use only