The University of Scranton
Office of Human Resources
Eligible Non-Employee Affiliate Data Form

_____Royal ID Number
(To be completed by HR)

Directions:
- **(1)** COMPLETE THE FORM IN ITS ENTIRETY AND SUBMIT TO THE OFFICE OF HUMAN RESOURCES WITH A COPY OF THE SIGNED CONTRACT, _if applicable_
- **(2)** SUBMIT TO A CRIMINAL BACKGROUND CHECK
- **(3)** ONCE COMPLETED:
  - **a.** SPONSOR DEPARTMENT AND INFORMATION TECHNOLOGY WILL BE NOTIFIED
  - **b.** INDIVIDUAL WILL BE PERMITTED TO GET ROYALCARD

Eligible Non-Employee Access Classification: _(to be completed by department sponsor)_

Start Date: _____   End Date: _____

☐ **Former Paid Staff/Faculty (Emeritus/Retiree)**   ☐ **Volunteer**   ☐ **ROTC**   ☐ **Non-University Student (Internship)**

☐ **Affiliated/Courtesy Faculty**   ☐ **Business Partner/Contractor**

☐ **Limited-Term Research/Internship/Collaboration**

Social Security Number: _____   **Date of Birth**: _____/_____/_____

Citizenship: ☐ Yes ☐ No ☐ Eligible-Non Citizen   **Gender**: ☐ Male ☐ Female

Last Name: _____   **First:** _____   **Middle:** _____

Preferred (published)Name: _____   **Prefix:** ____ **Suffix:** ___
Last   Middle (MI)   First   (Ex: John Q Doe, John Quincy Doe, John Doe)

Secondary email: _____

Mailing Address: Street: _____

City: _____   State: _____   Zip:_____

County: _____   Phone _____ __Primary __Unlisted

University Work Address: _____
Building   Room Number

_____
Department   Phone Number

Department Sponsor: _____   _____   _____
Name   Title/Department   Phone Number

Eligible Non-Employee Access Request:
☐ RoyalCard   ☐ Library
☐ University Portal and e-mail
Building(s):_____

Office of Human Resources:
Contract Received: _____
Background Check Clear: _____
Processed by: _____   Date: _____