



Information Technology

Information Technology - Office of Identity Management
Affiliate Request Form

OSU-Tulsa and Center for Health Sciences

Enter the required information in each field, then click PRINT FORM on the lower left portion of the form. All data is required. Have the form signed and FAX to 918-594-8203.

Affiliate Information:

NOTE: All fields are required. When entering the End Date of the affiliation, please remember that affiliations last up to 1 year. If applicable, Affiliations must be renewed each year by submitting a new form to Identity Management. If a CWID is not assigned to the affiliate, a photocopy of the social security card, numident, or military ID displaying the SSN must accompany the form.

Submit Date:

Affiliate First Name:

Affiliate Last Name:

CWID/SSN:

Birth Date:

Start Date:

End Date:

Affiliate's Alternate (Personal) Email Address:

Reason for Affiliation: Affiliate must not be paid by OSU through Human Resources, or have a paid assignment pending.

Enter Here:

Sponsoring Department Information: The contact person(s) will be notified when processing has been completed. All fields required.

Contact Name:

Phone Number:

Contact Email:

2nd Contact:

Division Code (AA, AB, etc)

Dpt Code (5-char)

Department Name:

The O-Key activation PIN will be emailed to the affiliate's alternate (personal) email address. When completed, FAX this form (and copy of social security card if applicable) to the OSU-Tulsa Helpdesk at 918-594-8203. Should you have any questions regarding the information required on the form, please contact an OSU-Tulsa Helpdesk Representative by calling 918-594-8200 or by emailing tulsa.helpdesk@okstate.edu

If no Campus-Wide ID (CWID) is assigned to this customer, a copy of his or her social security card must accompany this form in order to establish initial IT services. Once a CWID is assigned, the renewal process does not require a copy of the card. Upon receipt, the form and copy of the card are stored in the Document Imaging Solution, encrypted and both HIPAA and FERPA compliant. If sending a social security number and/or copy of a social security card, FAX this form only. Most email is not encrypted at this time. WARNING: Do not email this form to the OSU-Stillwater IT Helpdesk at helpdesk@okstate.edu. Doing so will generate a c.Support Ticket, in which the social security number will be embedded. This is against OSU policy. Please only use the FAX number or email account listed below. When completed, review the security/liability statement below, print and sign. Once signed, FAX the form to the Identity Management Office.

LIABILITY STATEMENT: As sponsor of this OSU Affiliate, I understand they must abide by all current policies and procedures relating to technology use at OSU. I will ensure they are aware of these policies and procedures. Upon completion of this request, the Affiliate will have the ability to activate an O-Key account, receive Outlook Email and Active Directory file and print services, login to any IT computer lab, and obtain an OSU ID card.

Dean/Director/Dpt Head (or equivalent) Signature

Print Name

Approver Title

OSU-Stillwater Identity Management Office: 104 Mathematical Sciences, Stillwater OK, 74078
PHONE: 405-744-7887 / FAX: 405-744-2874 / EMAIL: ID.MGMT@okstate.edu