

# Courtesy/Affiliate Appointment Request Form

(Completing this form will grant library access for this individual)

Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Department: \_\_\_\_\_

Department Address: \_\_\_\_\_

\_\_\_\_\_

Gender:  Male  Female      Birth Date: \_\_\_\_\_

US Citizen or Permanent Resident:  Yes  No

Ethnicity (for US citizens only):

African American       Asian/Pacific Islander  
 Hispanic       Native American/Alaskan Native  
 Caucasian       No Response

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Period of time appointment is for: \_\_\_\_\_

Reason for requesting Courtesy Appointment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Person completing form: \_\_\_\_\_ Phone #: \_\_\_\_\_

Date submitted: \_\_\_\_\_

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Signature of Appointee (if available) \_\_\_\_\_

Dean \_\_\_\_\_

Department Head \_\_\_\_\_

Provost/VP for Academic Affairs \_\_\_\_\_