

SECTION 1		Personal Identification and Information			
To be completed by the University Affiliate Applicant		Last Name		Prefix	Suffix
		First Name		MI	S.S.N. (last 4 only) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Street Address		Apt./Unit #		City	
State/Province		ZIP/Postal Code		Country (if not United States)	
Primary Phone Number		Primary Phone Type		Personal Email Address	
Biographical Information		For the following section, refer to the information provided here as reference for Question 1.		Ethnicity: AA = Black/African American, AI = American Indian/Alaskan Native, AS = Asian, CA = Caucasian/White, HW = Native Hawaiian or Other Pacific Islander	
Gender	M <input type="checkbox"/> F <input type="checkbox"/>	Birthdate	1. Ethnicity	1a. (if Caucasian) Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/>	
Emergency Contact Information		For the following section, refer to the information provided here as reference.		Phone Type: Permanent/Home, Business/Work, Personal Cell, Parent/Guardian	
Relationship to Applicant		Relationship Sibling, Child, Parent, Doctor, Relative, Spouse, Ex-Spouse, Friend, Guardian, to Applicant: In-Law, Neighbor, Domestic Partner, Significant Other, Advisor/Sponsor, Embassy			
Emergency Contact Last Name		Emergency Contact First Name		MI	
Emergency Contact Permanent Street Address		Apt./Unit #		City	
State/Province		County		ZIP/Postal Code	
Emergency Contact Phone Number		Emergency Contact Phone Type		Emergency Contact Email Address (optional)	

Have you ever been a student or employee of Stockton before?		If you have ever been issued a Z or STK number, username or PIN, or vendor ID, please fill out this section.	
2. Z-Number	<input type="text" value="Z"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	2a. Username or STK#	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2b. What was your previous role?			
Student	Prospective Student (applicant)	Faculty	Staff
Press	Auditor	Presenter/Performer	Vendor/Contractor
			Healthcare Practitioner
			Food Services
			Volunteer

Applicant Signature _____	Date _____
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SECTION 2		Entitlement Request Information					
To be completed by Stockton Management Entity Authorizer		ID Card Required		Lock Access Required		Email	
		Yes	No	Yes	No	@stockton	@go.stockton
IT Entitlements		Computer Lab	Fac/Staff Workstation	Academic	BlackBoard	Google	Remote *
							VDI
							VPN
							INB Banner **
							Create Account
* VPN access allowed on Stockton University devices only ** Banner access requires completion of an additional Banner Access Request Form							

SECTION 3a		Authorization Information	
To be completed by the Stockton Management Entity Authorizer		Management Entity / Sponsor Information	
		Authorizer Name	Authorizer Phone Number
		Authorizer Stockton Email Address	Department
Authorizer Signature _____		Date _____	

SECTION 3b		Divisional Executive Information	
To be completed by the Divisional Executive		Divisional Executive Name	Divisional Executive Phone Number
		Divisional Executive Email Address	Division

Divisional Executive Signature _____	Date _____
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