

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)								
Street Address						Apt./Unit #			City											
State/Province				ZIP/Postal Code			County			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		F		Birthdate			1. Ethnicity			1a. (if Caucasian)			Hispanic/Latino			Not Hispanic/Latino		
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			Country (if not United States)										
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						Z						2a. Username or STK#											
2b. What was your previous role?																							
Student				Prospective Student (applicant)				Faculty				Staff				Food Services							
Press				Auditor				Presenter/Performer				Vendor/Contractor				Healthcare Practitioner				Volunteer			

Applicant Signature _____						Date _____					
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SECTION 2												Entitlement Request Information																																			
To be completed by Stockton Management Entity Authorizer												ID Card Required				Yes				No				Lock Access Required				Yes				No				Email				@stockton				@go.stockton			
												IT Entitlements				Computer Lab				Fac/Staff Workstation				Academic				BlackBoard				Google				Remote *				VDI				VPN			
												* 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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