



Affiliate Data Form

University of the Incarnate Word

Affiliate Type (non-paid): Teaching Assistant ☐ Graduate Assistant ☐ Intern ☐
Faculty ☐ Resident ☐ Preceptor ☐ Staff ☐ Administrator ☐ Other ☐

Primary function:

Legal Name (Enter as it appears on Social Security card)

Prefix: <input type="checkbox"/> Dr. <input type="checkbox"/> Fr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Rev. <input type="checkbox"/> Sr.			Suffix: <input type="checkbox"/> I <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> Jr. <input type="checkbox"/> Sr.		
First _____	Middle _____	Last _____			

Contact Information

Mailing Address	Street _____	City _____	State _____	Zip Code _____
Phone Number ____ - _____		Email Address _____		

Biographical Information

Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security Number ____ - ____ - ____	Date of Birth ____ / ____ / ____

UIW Department Working With Information

School and Department Name: _____	UIW Employee Name: _____
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Affiliate Signature

Dean/VP Signature

Date

Please note: The Affiliate Process provides these individuals with UIW access for One Year.

Internal Use Only:	<input type="checkbox"/> Canvas	<input type="checkbox"/> UIW Email	<input type="checkbox"/> Library	<input type="checkbox"/> Other _____
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