Affiliate Data Form

University of the Incarnate Word
St. Anthony Catholic High School

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

Prefix: ☐Dr. ☐Fr. ☐Mr. ☐Mrs. ☐Ms. ☐Rev. ☐Sr.		Suffix: ☐II ☐III ☐IV ☐Jr. ☐Sr.
First _____	Middle _____	Last _____

Preferred Name (If different from legal name)

Prefix: ☐Dr. ☐Fr. ☐Mr. ☐Mrs. ☐Ms. ☐Rev. ☐Sr.		Suffix: ☐II ☐III ☐IV ☐Jr. ☐Sr.
First _____	Middle _____	Last _____

Contact Information

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

Biographical Information

Gender : ☐ Female ☐Male	U.S. Citizen : ☐ Yes ☐No
Social Security Number _____ - _____ - _____	Date of Birth _____ /_____ /_____

UIW Department Working With Information

Department Name: _____	UIW Employee Name: _____

_____ _____
Affiliate Signature Date

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

Internal Use Only:	☐ Canvas	☐ UIW Email	☐ Library	☐ Other _____