

## Affiliate/Emeritus/Contractor/Tenant Set-up Form

First Name		Last Name	
Phone Number		Alternate Number	
Company Name			
Address —			
City		State Zip	
Email	Requester*		
*Current UNI IDs must be replaced with Affiliate IDs upon email to Requester of New Affiliate # from the Facilities key shop.			
Affiliation (please check one):			
☐ Tenant - Business & Community Services		Spouse/Family Member	
☐ Tenant	_	Wellness & Recreation Center Us	ser
☐ Emeritus		Other	
Contractor - Project -	_	Child Development Center - Pare	ent
Building Ro	om	End Date (mm/dd	/уууу)
1 1.		1	
2 2.		2	
3 3.		3	
Justification required:			
Next Steps:			
If requesting a brass key, the individual will receive an email to stop by and pick up key(s) at Facilities Management after the form is fully processed.			
If requesting electronic access, please go to the card. Please note that access can only be assign free to call 3-4400 or email fmworkorders@uni.ed	ned after an ID c		
Please drop off form at Facilities Management:	1801 W 31st St.	or send email to fmworkorders@uni.e	edu
Authorized by:			
Dean/Dept. Head		Phone	Date

Please Print Dean/Dept. Head Name