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DESIGNATED FACULTY / GUEST 6 (7 8 3 5 (4 8 (6 7

(NON-USA EMPLOYEES AS DESIGNATED BY UNIVERSITY ADMINISTRATION)

This form is to be completed by a designated faculty/guest. This information is used to verify designated faculty/guest.

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Employer 5 H T X H V W L Q J 8 6 \$ **Department**
 L I D S S O L F D E O H U H T X L U H G

Date of % L U W K 0 0/DD/YYYY (example 12/21/1977) _____ B B B _____ B B B B
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_____ B B _____ B
 Home Address Business Phone 1 R Business E Mail Address

_____ B B B B _____
 City State Zip & Home No. + R P Phone in the Students' QN/I Žš
 Finance, and/or

Alumni components of the USA Banner System.

Have you ever been a student or employee at USA OR have you had any other association with the University (vendor, contractor, consultant, etc)? Yes or No

If ~~es~~, please provide your name (Different from F X U U H O P V Y appears on your Social Security Card) and your J Number (if you know/have it)

Name _____ B B J Number _____

I certify that the above information is true and accurate.

_____ B B B _____
 Designated Faculty/Guest Signature Date

_____ B _____ B B B B B B
 Authorized USA ' H S D U W C H A C W Authorized US \$ ' H S D U W C H A C W
 6 L J Q D W X U H 3 U L Q W H G 1 D P H

_____ B B B B B B _____
 6 H W & S P S O H R E Employee Initials J Num E H U \$ V V L J Q H G R U ([L V W L Q J
 (HR USE ONLY) (HR USE ONLY)

Designated faculty/guest identification verified by viewing photo identification S U L V R B V X & C S K R W R
 G U L Y H F H Q R P H S D X R W R , ' H W F

***EXCHANGE VISITORS ONLY:** Print your name exactly as it appears on your passport, print your country of citizenship and your local contact information.