

AFFILIATE REQUEST FORM



■ **Type**

Member Instructor

■ **Semester**

Fall Spring Summer

■ **Parking**

SB7 Lot SBG

Last name (family/surname)

First name

Middle name

■ **Date of Birth**

/ /

Month

Day

Year

■ **Gender**

Female

Male

■ **Email Address**

■ **Telephone**

■ **Home Address**

Country Code

City Code

Telephone Number

House/Apt. Number and Street Name

City

State/Province

Postal Zip Code

■ **College/Department**

Extended University - OLLI

■ **Previously at UTEP**

Yes

No

■ **80#** (Goldmine/Banner)

■ **Building**

Miners Hall, 209

■ **Have you previously been employed by another UT system Institution?**

Yes

No

■ **Are you currently a retiree of the Texas Retirement System (TRS)?**

Yes

No

■ **Highest Education Completed**

Less than High School

Some College

Bachelor's Degree

Master's Degree

High School Diploma/GED

Associate's Degree

Some Graduate

Doctoral Degree

I hereby authorize **The University of Texas at El Paso and Osher Lifelong Learning Institute (OLLI)** to transmit confidential and/or sensitive information through the email account on record which includes, but is not limited to, user name and temporary password. I further acknowledge that by providing a contact email address, I authorize **OLLI** to send temporary credentials via email to the contact email address provided.

■ **Signature**

■ **Date:**

For EUBC office use only

■ **Employee ID#** (Goldmine/Banner)

■ **Title/Description** (Choose one):

University Business Affiliate

Extend Existing Affiliate

Student Program Participant

OLLI Student

■ **Access Start Date:**

/ /

Month

Day

Year

■ **Access End Date:**

/ /

Month

Day

Year