



The University of Texas at El Paso
Affiliate Credential Request Form



Sponsor

@utep.edu

Chair / Director / CAO / Faculty

Type of Access Request Student Program Participant

**Request Reason/ Affiliate
 Duties**

Disclaimer If you are requesting access for a **University Business Affiliate**, you must provide Human Resources with a completed criminal background check (CBC) and a copy of a valid photo ID front and back.

Program Name

**Does Student have UTEP
 ID Number (80#)?** Yes No

Sponsored Person Information

Last Name	<input type="text"/>	Date of Birth	<input type="text"/>
First Name	<input type="text"/>	Department	<input type="text"/>
Middle Name	<input type="text"/>	Title	<input type="text"/>
Email Address	<input type="text"/>	Hours Needed	<input type="text"/>
Building Name	<input type="text"/>	Parking Gate	Yes <input type="radio"/> No <input type="radio"/>
Days Needed	<input type="text"/>	Student ID (80#)	<input type="text"/>
Start Date	<input type="text"/>	If available	<input type="text"/>
End Date	<input type="text"/>		