



OIT Support Center  
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<http://www.alaska.edu/oit/>

## Member/Affiliate Account Request Form

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Organization/ Department: \_\_\_\_\_ Location: \_\_\_\_\_

Job Title: \_\_\_\_\_ non-UA Email: \_\_\_\_\_ Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_

UA ID Number (if known): \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Last 4 Digits of SSN: \_\_\_\_\_

Sponsoring Department: \_\_\_\_\_

### **Affiliate**

*sign*