

Applicant Signature _____ Date _____

SECTION 2 To be completed by Stockton Management Entity/Sponsor	Management Entity / Sponsor Information	
	Authorizer Name	Authorizer Stockton Phone Number
	Authorizer Stockton Email Address	Authorizer Title

Authorizer Signature _____ To be completed by Stockton
 (if yes) Username _____ 2c.

SECTION 2a	For the following section, refer to the information provided here as reference.	The Management Entity will select from the choices in Section 2a that represents the division, department or organization that they are authorized for the approval of University Affiliates.
A & F	Administration and Finance (A&F) Accounts Payable Budget & Fiscal Planning Bursar's Office Fiscal Affairs Human Resources Mailroom Payroll Purchasing	
	Police (POLICE) Campus Police and Public Safety	
	Stockton Affiliated Services Incorporated (SASI) Bookstore Food Service Transportation Vending Campus Bank	
	Facilities (FACILITIES) Department of Facilities Management & Plant Operations Department of Facilities Planning & Construction Custodial	
	Seaview (SEAVIEW) Seaview Hotel and Golf Club	

SECTION 2b

ID Card Required		Yes		No		Lock Access Required					
IT Entitlements	Network	Email		Remote		INB Banner		Print			
	Lab	WiFi	Library	@stockton	@go.stockton	VDI	VPN	Create Account	BW	C	

SECTION 3

To be completed by the University Office of Information Security

OFFICE OF INFORMATION SECURITY USE ONLY

Z-Number	Z									Third Party ID							
Attribute 1							Attribute 3										
Attribute 2					Special					Expiration							

FINAL APPROVAL

Provision Date	Initial	De-Provision Date	Initial
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Stockton University
 University Affiliate
 Entitlement Request Form
 Version 2.4 - 03/10/2017
 Office of Information Security
information.security@stockton.edu

