



Affiliate Faculty Data Sheet



Instructions

- Please fill out the fields below. Once the form is filled out, please email the completed form to fvargas@fau.edu
- Please note that a DOB or SSN will be needed to be issued University Credentials.

Data Fields

Last Name	
First Name	
Social Security Number	
Date of Birth	/ /
U.S Citizen	Yes <input type="checkbox"/> No <input type="checkbox"/>
If not please describe	
Gender	
Race	
Hispanic or Latino?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Telephone	
Email	

Signature

Signature of the Person Submitting this Form

Name

Name of the Person Submitting this Form (print)

Date of Signature

MM

DD

YY

Florida Atlantic University is required to obtain the following information. Your cooperation is highly appreciated.

Have you ever been charged with a violation of the law which resulted in probation, community service, a jail sentence, the revocation of your driver's license?

Yes

No

Print Name

Signature

Date