

## EXTERNAL AFFILIATE DATA SHEET

Please provide the following information. Items in **Red** are required for entry into our system.

<b>Have you ever been at Caltech before?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If Yes, please provide Caltech UID:</b>			
<b>Last (Family) Name:</b>	<b>First (Given) Name:</b>	<b>M. I.</b>	<b>Birth Date (mm/dd/yyyy):</b>
<b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male	<b>Mobile Telephone Number:</b>	<b>Email Address:</b>	
<b>Local Residence - Street Address:</b>			
<b>City:</b>	<b>State:</b>	<b>Postal Code:</b>	
<b>Current Employer Name:</b>		<b>Employer Location (City, State and Country):</b>	
<b>Status:</b> <input type="checkbox"/> Affiliate Organization Employee (HHMI, CEC, CEFCU, Caltech Y, etc) <input type="checkbox"/> Consultant <input type="checkbox"/> Contractor <input type="checkbox"/> Temporary Employee Agency <input type="checkbox"/> Other			
<b>Are there intellectual property issues?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If Yes, please explain.</b>			

**Primary Emergency Contact:**

<b>First Name:</b>	<b>Last Name:</b>	<b>M. I.</b>
<b>Relationship:</b> <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Sibling <input type="checkbox"/> Friend <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Other		
<b>Emergency Contact Telephone (must have at least one phone number):</b>		

**External Affiliate Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Caltech Division/Department Only:**

<b>Start Date (mm/dd/yyyy):</b>	<b>End Date (mm/dd/yyyy):</b>	<b>Division/Department Name and Mail Code:</b>
<b>Purpose of Visit:</b>		
<b>Caltech Sponsor Name:</b>	<b>Caltech Division/Department Contact Name:</b>	
<b>Type of Access:</b> <input type="checkbox"/> Electronic/Remote <input type="checkbox"/> On Campus		
<b>If External Affiliate is a foreign person or residing/working outside of the US, has this assignment been reviewed and approved by Caltech Export Compliance Office?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Sponsor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Department/Division Approval Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_