JPL AFFILIATE DATA SHEET

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

Have you ever been at Caltech before? □Yes □No   If Yes, please provide Caltech UID:

Last Name:	First Name:	M. I.	Birth Date (mm/dd/yyyy):

Mobile Telephone Number:	Email Address:

Local Residence - Street Address:

City:	State:	Postal Code:

Primary Emergency Contact:

First Name:	Last Name:	M. I.

Relationship: □Spouse   □Child   □Parent   □Guardian   □Sibling   □Friend   □Domestic Partner   □Other

Emergency Contact Telephone (must have at least one phone number):

Caltech Division/Department Only:

Start Date (mm/dd/yyyy):	End Date (mm/dd/yyyy):	Division/Department Name and Mail Code:

Detailed Description of JPL Affiliate Activity:

Caltech Sponsor Name:	Caltech Division/Department Contact Name:

Type of Access: □Electronic/Remote □On Campus	Relationship between JPL Affiliate and Caltech Sponsor:

JPL Affiliate Signature: _____ **Date:** _____

Sponsor Signature: _____ **Date:** _____

Department/Division Approval Signature: _____ **Date:** _____