

☐ New Affiliate ☐ Affiliate Renewal ☐ Updating Affiliate Information ☐ Cancel Affiliate Information

AFFILIATE INFORMATION (Information on this form affects affiliate status and affiliate payroll records only)

DEPARTMENT INFORMATION (If no Affiliate End Date, affiliate will terminate after 12-months, but may be renewed)	
Department Name Department of Health and Human Services	Department Address 1000 Independence Avenue, S.W. Washington, D.C. 20462
Department Contact Director, Office of the Inspector General	Department Phone (202) 456-7890
Department Fax (202) 456-7891	Department Email oig@hhs.gov

*Description of Affiliate role on campus:

Check all that apply (Additional documentation may be required (see links)):

- ☐ SOU ID Card
(<https://inside.sou.edu.html>)
- ☐ Library Services
(<https://hanlib.sou.edu/circulation/index.html>)
- ☐ Facility Access (keys/FOB)
(<https://inside.sou.edu/fmp/lockshop.html>)
- ☐ SOU Email
(<https://inside.sou.edu/it/it-forms.html>)
- ☐ Enterprise Rent-A-Car
(<http://tiny.cc/xe7qyy>)
- ☐ Tech Equipment (laptop, etc.)
(<https://inside.sou.edu/it/it-forms.html>)
- ☐ SOU Directory Listing
(<https://inside.sou.edu/directory/index.html>)
- ☐ Travel/Meal Reimbursement
(<https://inside.sou.edu/sc/travel.html>)
- ☐ Office Space (Faculty Affiliate Only)
- ☐ Network Access
(<https://inside.sou.edu/>)
- ☐ Parking (Dept. sponsor or Affiliate purchase)
(<https://inside.sou.edu/parking/index.html>)
- ☐ Other: _____

SIGNATURES REQUIRED

Requesting Authority Name/Signature:

Printed Name *Signature* *Date Signed*

Approving Authority Name/Signature (VP/President)

_____ <i>Printed Name</i>	_____ <i>Signature</i>	_____ <i>Date Signed</i>
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By Signing, Affiliate Agrees to:

- Complete trainings that may relate to the work I perform at SOU (i.e. FERPA, Sexual Harassment, Drivers Clearance, etc.)
- Comply with SOU Policies and Procedures as stated (<https://inside.sou.edu/policies/all-policies.html>)
- If acquiring Network Access, must comply with Acceptable Use Policy, FAD.038 (<https://tinyurl.com/y5tljhpl>)
- If this position is designated as critical, security-sensitive or safety-sensitive, a criminal Back Ground Check may be required https://inside.sou.edu/assets/hrs/New_Consent_to_Criminal_History_Check_.pdf

Printed Name _____ Signature _____ Date Signed _____



Faculty/Staff Statement of Understanding of the Family Educational Rights and Privacy Act of 1974 (FERPA)

I understand that, by the virtue of my employment at Southern Oregon University, I may have access to records which contain individually identifiable information, the disclosure of which is prohibited by the Family Educational Rights and Privacy Act of 1974. I acknowledge that I fully understand that the intentional disclosure by me of this information to any unauthorized person could subject me to criminal and civil penalties imposed by law. I further acknowledge that such willful or unauthorized disclosure also violates SOU policy and could constitute just cause for disciplinary action including termination of my employment regardless of whether criminal or civil penalties are imposed.

SIGNATURE

DATE

PRINT NAME

POSITION / TITLE

DEPT

Faculty and Staff employed at SOU, given Banner accounts where they will have access to confidential student information, are to read and sign this Statement of Understanding as a condition of their receiving a Banner Account. Specific questions regarding FERPA application and/or interpretation should be directed to the Registrar.