

# Information Technology Services

## Non-Affiliated Persons (NAP) ID Request

Use this form for any person who is not faculty, staff, or student. This includes guest faculty of any kind, visiting scholars doing research, consultants, contractors providing services to the university, and non-credit or non-paid participants in instructional programs. If you have any doubt whether you should use this form, use this form. Please verify all information provided before sending the form, as mistakes can delay the assignment of an ID. Starred (\*) fields are required. Only type letters and numbers. Dashes will be added automatically.

Please type the information into the fields, sign, scan and email the copy of completed form to: [DataSecurity@luc.edu](mailto:DataSecurity@luc.edu)

### Loyola Sponsor/Host Information

*Name:	<input type="text"/>	*Campus Phone:	<input type="text"/>
*Department:	<input type="text"/>	*Email Address:	<input type="text"/>
*Title:	<input type="text"/>		

### Non-Affiliated Person Information

*First Name:	<input type="text"/>	*Primary Phone Number:	<input type="text"/>	Type:	<input type="text"/>
Middle Name:	<input type="text"/>	Alternate Phone Number:	<input type="text"/>	Type:	<input type="text"/>
*Last Name:	<input type="text"/>	*Non-Loyola E-mail Address:	<input type="text"/>		

If the NAP has an e-mail address from Loyola's Medical Center, enter it here:

**The following information is required to obtain a Loyola ID. Do not submit this form if you do not have this information.**

*Birthdate (MMDDYYYY): - Dashes will be added automatically	<input type="text"/>	*Last 4 digits of Social Security Number:	<input type="text"/>
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If the NAP does not have a Social Security Number, enter the last four of a National ID:

*Start Date: (MMDDYYYY): - Dashes will be added automatically	<input type="text"/>	*University Role:	<input type="text"/>
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\*Privileged Access Required: Yes \_\_\_\_\_ No \_\_\_\_\_ (See definitions on the second page)

### Agreement and Signature

By signing this form, I certify that I am the sponsor/host responsible for the above-named Non-Affiliated Person and I understand that I am required to: (1) Ensure that the Non-Affiliated Person reads, agrees to, and abides by the ITS policies found on the web located at: [www.luc.edu/its/policies.shtml](http://www.luc.edu/its/policies.shtml), (2) Notify ITS when the above-named has concluded their business at Loyola, (3) Notify ITS that the above-named is still active when the periodic deactivation of NAP accounts takes place. (Failure to do so will result in the NAP account being deactivated.)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Privileged access accounts are those that are assigned to a single individual, which have the elevated privileges required to administer, operate and/or support infrastructure technologies with roles or permissions that – if misused or compromised – could allow a person to exploit the university systems for his or her own gain or illicit purpose.