



University of South Carolina Affiliate Information Form

AFFILIATE INFORMATION:					
Prefix	First Name	Middle Name	Last Name	Suffix	
USC ID		Social Security Number (If available)		Date of Birth	Gender
U.S. Residence: Street Address		Apt	City	State	Zip Code
Home Phone					
Email Address					
U.S. Citizen:	Yes	No			
ACADEMIC AFFILIATES:					
Education: Institution Name					
Degree Earned		Major		Program	
Date					
SIGNATURE:					
Affiliate					
<i>By signing, the Affiliate agrees to comply with all relevant University policies and procedures as outlined in University Policy UNIV 2.50.</i>					
Print Name		Title		Signature	
Date					
SYSTEMS ACCESS:					
<p>You will soon be receiving an email to the personal email address provided above from iamnoreply@mailbox.sc.edu to claim your network username account from the University. The email will outline the steps you need to take within 48 hours to claim this information. Please monitor your personal email for this notification, including checking spam folders, to ensure timely response.</p>					