

EXTERNAL 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide Caltech UID:			
Last (Family) Name:	First (Given) Name:	M. I.	Birth Date (mm/dd/yyyy):
Gender: Female Male Non-Binary	Mobile Telephone Number:	Email Address:	
Local Residence - Street Address:			
City:	State:	Postal Code:	
Current Employer Name:		Employer Location (City, State and Country):	
Status: <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			
Are there intellectual property issues? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain.			

Primary Emergency Contact:

First Name:	Last Name:	M. I.
Relationship: <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		
Emergency Contact Telephone (must have at least one phone number):		

External Affiliate Signature: _____ **Date:** _____

Caltech Division/Department please continue to page 2.

External Affiliate Name: _____

Caltech Division/Department Only:

Start Date (mm/dd/yyyy):	End Date (mm/dd/yyyy):	Division/Department Name and Mail Code:
Purpose of Visit:		
Caltech Sponsor Name:	Caltech Division/Department Contact Name:	
Type of Access: <input type="checkbox"/> Electronic/Remote <input type="checkbox"/> On Campus		
Please consult the FPQ guidelines to determine if Export review is required or contact the Office of Export Compliance at export@caltech.edu for guidance.		

Sponsor Signature: _____ Date: _____

Department/Division Approval Signature: _____ Date: _____