

Request for Electronic Person of Interest (ePOI) Form

This form does not apply to current faculty, staff, or students. Prospective or applicant students are also not eligible for this form. All others are qualified to complete this form. The purpose of this form is to identify the applicant's relationship with the university before being eligible to use University resources. The Applicant must complete and sign this form and return to Sponsor to complete the rest of the form. Sponsor is responsible for submitting the completed form to his/her department Business Office for processing. By signing this form, the applicant and sponsor agrees that the information is accurate.



APPLICANT PERSONAL INFORMATION

LAST NAME:

FIRST NAME:

MIDDLE NAME

HOME STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

EMAIL ADDRESS:

HOME PHONE :

DATE OF BIRTH:

GENDER:

Please select the Unique Identifier Type and provide the Unique Identifier (See Page 2, ePOI Service section for SSN Requirements)

Unique Identifier
Type

Unique Identifier:

If you have concerns about providing your Unique Identifier in writing, you may relay this information to your sponsor verbally. Any information you provide on this form will strictly be used for ePOI processing purposes only. This information will not be disseminated for any other purpose.

Signature of Applicant:

Date Signed: