



Use this form to request "Person of Interest" (POI) status for Non-HU CNS Users or internal users without a HUID in order to get them set-up in the HU Training Portal  
**Important:** This form must be filled out by either the authorizer of the account or the authorizer's administrator. **The POI's full name and date of birth must match government-issued ID. Fields marked with \* are required.** Questions? Call 617.384-7411 or email [info@cns.fas.harvard.edu](mailto:info@cns.fas.harvard.edu) with subject "POI Question."

## Individual Being Authorized

Last name\*                                      First name\*                                      Middle name\*                                      Date of birth (MM/DD/YYYY)\*

Residential address:

Has he/she been at Harvard before?    Yes    No    Unknown    Non-Harvardemail:\*

Previous HUID, if known:

Previous name, if different:

Please choose one role for the person being authorized.

- |                     |              |                    |                        |                  |
|---------------------|--------------|--------------------|------------------------|------------------|
| Academic Advisor    | Collaborator | Consultant         | Contractor             | Family Member    |
| Field Education Sup | Hospital Emp | Incoming Emp/Trans | Inter-School Aff Staff | Security         |
| Guest or Visitor    | Tenant       | Vendor             | Volunteer              | Other (explain): |

School or business unit\*                                      Department                                      School, Institution, or Compny Name (if external)\*

Start date\*                                      End date (Cannot be beyond end of the next February due to CNS User Program Renewal Process without renewal at that time)

## Authorizer Information

Must be current faculty member or non-temporary, exempt employee.

Last name\*                                      First name\*                                      Harvard ID (HUID)\*

School or business unit\*                                      Department

Harvard email\*                                      Harvard phone

## Authorizer Administrator (To be filled out by CNS Technical Staff Member if they completed form)

Complete this section if filled out by a Harvard employee on authorizer's behalf. See the back of this form for eligibility details.

Last name\*                                      First name\*                                      Harvard ID (HUID)\*

School or business unit\*                                      Department

Harvard email\*                                      Harvard phone

## Acknowledgment & Signature

By authorizing this individual for a Person of Interest identity, you are affirming that this person has a legitimate business, research, or educational reason to obtain an HUID. You also agree to take responsibility for the accuracy of the information provided, for keeping the information on this individual up to date, and promptly notifying ID Card Services when the individual's affiliation with the University ends. Any use of a POI role for a departing employee is subject to review and approval by FAS HR.

Sponsor's signature                                      Print name\*                                      Date\*

To submit, save completed form and attach to an email to [info@cns.fas.harvard.edu](mailto:info@cns.fas.harvard.edu) with subject "CNS POI Authorized Identity Request Form"