



Use this form to request a **Harvard Sponsored Role (HSR)** for Non-HU CNS Users or internal users without a HUID and/or a Harvard Key online credential. **Important: Your 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 with subject "HSR 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)

Please do not complete anything below this text. For CNS Staff Use Only

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

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By authorizing this individual for a Harvard Sponsored Role 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.

Sponsor's signature Print name* Date*