

CNS Harvard Sponsored Role - CNS Users Only **Authorized Identity Request Form**

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 Bein Last name*	dividual Being Authorize : name* First na				Middle name*	Date of birth (MM/DD/YYYY)*	
Residential address:							
Has he/she been at Harvard	l before?	Yes	No	Unknown Nor	n-Harvardemail: *		
	Prev	ious Hl	JID, if kno	wn:	Previous name, if different:		
Please choose one role for							
Academic Advisor	Collabora	_		sultant	Contractor	Family Member	
Field Education Sup	Hospital E	.mp	Incor	ming Emp/Trans	Inter-School Aff Staff	Security	
Guest or Visitor	Tenant	ľ	Vend		Volunteer	Other (explain):	
School or business unit*			Dep	partment		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 a						
Please do not o	complet	e ar	nvthii	na below t	his text. For C	NS Staff Use Only	
Authorizer Info	rmatio	n				,	
Last name*			Firs	t name*		Harvard ID (HUID)*	
School or business unit*					Department		
Harvard email*					Harvard phone		
L							
Dy outhorizing this individual	Ifor a Hamier	d Cnor	corod Da	lo identity you are	affirming that this payour be-	a logitimata huginaga rapagrah ar adusational re	
	ree to take res	ponsibil	lity for the	accuracy of the info	ormation provided, for keeping	a legitimate business, research, or educational reason t g the information on this individual up to date, and	
Sponsor's signature				Print name*		Date*	