

### Instructions

Upon completion, this form may be presented in person, mailed, sent via myfiles or faxed (419-372-2920) to the Office of Human Resources, 100 College Park, North College Drive, Bowling Green, Ohio 43403-0201. The authorizing department will be notified within 1 business day of receipt of the form of the individuals BGSUID along with navigation to the website for the individual to create his/her BGSU account id.

### Reason for Request

Please indicate the reason the individual is requesting a BGSUID (i.e. what is the reason they need the access). In addition, please indicate the affiliation being requested.

### Personal Information

#### Minimum Data Standards Creating a BGSUID

No Person shall be added to Campus Solutions System without having the minimum data requirements as outlined by the Master Data Management Committee (MDMC). These minimum data requirements are necessary to ensure that a person exists in the system with enough data to perform a proper search match. Therefore, as a person develops additional relationships with the institution, the corresponding offices will be able to find their BGSUID and correctly associate new and additional data with that BGSUID. Without these minimum data requirements it is probable that a person will end up with multiple IDs and the person's record will be spread across these multiple IDs making management of their data extremely difficult.

#### Data Requirements

The minimal data requirements are:

- First Name (Required)
- Last Name (Required)
- Address (Required)
- Social Security Number (Required)\*
- Date of Birth (Required)
- Gender (Optional)

\*Exceptions will be made in some instances.

### Account Authorization

Account authorizations will remain active for two (2) years from the date of approval by the authorizing department. The originating department may authorize two (2) year extensions via electronic mail. If the extension is the result of a departmental change, a new form must be completed.

### Affiliation Types

Type	Affiliation	Portal	Email	Blackboard	Faculty Center
Continuing Education Non Credit	OTHER	X	X	X	
Non-affiliated Person	OTHER	X	X	X	
Guest	OTHER	X	X	X	
External Faculty	FACEMP	X	X	X	X

**Continuing Education – Non Credit:** Continuing and Extended Education students with non-traditional affiliations, such as an academic program/plan. This may include fire school students and all those who do not receive BGSU academic credit.

**Non-affiliated Person:** Individuals having an affiliation with BGSU, but not as an employee.

**Guest:** Students with non-traditional affiliations such as an academic program/plan. They would not be a part of Continuing and Extended Education. Guest would include individuals from the Language Institute. Guest would also include BGSU employees needing to establish an email account prior to the start of their contract or former BGSU employees needing to maintain an email account for an extended period of time after the end of their contract.

**External Faculty:** Individuals external to BGSU (not paid by BGSU) who are teaching BGSU courses through an integrated program which require email, Faculty Center, and other Faculty account privileges.

## BOWLING GREEN STATE UNIVERSITY Account Request Data Form

BGSUID (If had one previously)	Effective Date
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<b>Reason for Request</b>	Why do you need this individual to have a BGSUID:	
	Authorizing Department:	Requested Affiliation:      Other Facemp

<b>Campus Community &gt; Personal Information &gt; Add/Update a Person</b>	<b>Please write name as it appears on Social Security Card or Passport (Required)</b>				
	Prefix	First Name	Middle Name	Last Name	Suffix: *optional
	<b>Date of Birth(Required)</b>			<b>Gender(Optional)</b>	
				Male	Female
	<b>Home Address (Required)</b>				
	Street Address:				
	Street Address (cont'd.):				
					State:
	Zip Code:		Phone:		
	<b>Campus (Business) Address (If applicable)</b>				
Street Address:		Campus Phone Number:		Campus:    Main Firelands Extension	

The requestor is authorized to have an email account.

\_\_\_\_\_  
Contracting/Hiring Agent (Dean or VP) Signature

\_\_\_\_\_  
Date

The information contained on this form is true and accurate to the best of my knowledge

\_\_\_\_\_  
Requestor Signature

\_\_\_\_\_  
Date

<b>Social Security Number(Required)</b> (National ID)
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