Salt Lake Community College Partnership Information Form

This is for non-employees that need an S# and/or computer access because of the nature of their relationship with SLCC. Partners usually are employed by another entity but provide service to   SLCC.

Partner: Please complete the below information and return the form to the Sponsoring Department.
Sponsoring Department: Please complete the required **Etrieve Central Form** and attach this page.

Your responses contained on this form will remain confidential. All fields are required. Thank you for your assistance.

Legal Name: _____   **Preferred First Name:** _____
　　　　　　　　　First　　　　　Middle Initial　　　　　Last Name

Social Security Number: __ __ __ - __ __ - __ __ __ __　　　　**Date of Birth:** __ __ / __ __ / __ __ __ __
　　mm　　　dd　　　　yyyy

-or, if you already have an S# you can provide that instead-

S#: S __ __ __ __ __ __ __ __　　(Student number, or former Employee ID)

If you choose to substitute SSN & DOB for your S#, it must be correct. **Double check it here on SLCC's website.**

Home Address: _____
　　　　　　　　　　Street　　　　　APT/Unit #　　　City　　　　State　　　　Zip

Email: _____　　**Phone Number:** (__ __ __) - __ __ __ - __ __ __ __

Please provide the following information (required for statistical purposes)-
Legal Sex: ☐ Female ☐ Male　　　　**Marital Status:** ☐ Single   ☐ Married ☐ Other

EEO Ethnicity and Race Categories (select all that apply):

☐ African American ☐ American Indian ☐ Asian ☐ Caucasian ☐ Hispanic/Latinx ☐ Pacific Islander

Emergency Contact-
Name: _____

Address: _____

Phone Number: (__ __ __) - __ __ __ - __ __ __ __ **Relationship:** _____

Purpose for request:

Sponsoring Department:
Please complete the required **Etrieve Central Form**.