



# Banner Mines-Affiliate CWID Application/Authorization (Custom Role Authorization)

Mines' better-known business processes serve the needs of our recruits, applicants, students, faculty, and employees. Many others who are not in one of these roles, however, are affiliated with Mines. These affiliations are listed below. These affiliates are typically on campus for reasons other than employees of Mines who need services that may include; access to labs, computer resources, the library, etc. This form initiates the process to provide "Mines-affiliates" with the services they need by enabling entry into our administrative data system and assignment of a Campus-Wide Identification Number or "CWID." A CWID is necessary to obtain many services on campus, including a BlasterCard. (This form will NOT provide those services by itself.)

**This completed and authorized form should be submitted to CCIT or HR with a government issued picture ID, or sent as an attachment to a Mines Help Center request with a legible scanned copy of a government issued picture ID from the Applicant.**

## Part 1: Applicant Information (to be completed by the Applicant)

The following is the minimum information required to insure you are not already in our system. **All fields must be legibly completed and must match a picture ID containing your address.** You will not be assigned a CWID unless all of these requirements are met. *All data is private and will not be published or released.*

**Please Type or Print Legibly (all fields are required, except where indicated):**

Mines Help Center SR # or name of referring staff member: \_\_\_\_\_

Name: (Family Name(s)) \_\_\_\_\_ / (First Name) \_\_\_\_\_ / (Middle Name(s)) \_\_\_\_\_

Full Mailing Address (street address, city, state zip): \_\_\_\_\_

Date of Birth: M \_\_\_\_ / D \_\_\_\_ / Y \_\_\_\_ Gender: M \_\_\_\_ F \_\_\_\_ SSN (optional): \_\_\_\_\_

Phone(s) (indicate business/home/cell): \_\_\_\_\_

E-mail Address(es) (indicate business/personal): \_\_\_\_\_

Do you have a previous affiliation with CSM (if yes, explain)? \_\_\_\_\_

Have you ever been issued a CWID or Blaster Card (if yes, provide CWID and explain)? \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: M \_\_\_\_ / D \_\_\_\_ / Y \_\_\_\_

## Part 2: Access Request (to be completed by the Department Sponsor)

**What access are you requesting for this person? (Use other side if more space is needed for explanation):**

<input type="checkbox"/> ADIT Acct	<input type="checkbox"/> Email Account	<input type="checkbox"/> Trailhead	<input type="checkbox"/> HPC Account	<input type="checkbox"/> Library	<input type="checkbox"/> Mines Emergency Alert (MEA)
<input type="checkbox"/> MultiPass Acct	<input type="checkbox"/> BlasterCard	<input type="checkbox"/> Blackboard	<input type="checkbox"/> Directory Entry	<input type="checkbox"/> VPN	<input type="checkbox"/> Other:

**Explain why the above access is needed:**

Description of Applicant's Mines affiliation/role: \_\_\_\_\_

Affiliation Start Date: M \_\_\_\_ / D \_\_\_\_ / Y \_\_\_\_ Affiliation End Date: M \_\_\_\_ / D \_\_\_\_ / Y \_\_\_\_ (Roles will be applied/extended for up to one year at a time.)

Applicant's Position Title: \_\_\_\_\_ Applicant's Department: \_\_\_\_\_

**I am the Sponsor for the individual named in Part 1, and certify that s/he is affiliated with Mines in the role described.**

Sponsor Name: \_\_\_\_\_ / \_\_\_\_\_ (please print)

Print Last Name

Print First Name

Title: \_\_\_\_\_ Department: \_\_\_\_\_

Sponsor Signature: \_\_\_\_\_ Date: M \_\_\_\_ / D \_\_\_\_ / Y \_\_\_\_ Phone No: \_\_\_\_\_

## Part 3: Department/Division Head or Dean Authorization

**I certify the individual named in Part 1 is affiliated with Mines in the role described in Part 2, and I authorize the request in Part 2.**

Authorization Name: \_\_\_\_\_ / \_\_\_\_\_ (please print)

Print Last Name

Print First Name

Title: \_\_\_\_\_ Department: \_\_\_\_\_

Authorization Signature: \_\_\_\_\_ Date: M \_\_\_\_ / D \_\_\_\_ / Y \_\_\_\_ Phone No: \_\_\_\_\_

## Part 4: General Person Entry (to be completed by HR or CCIT Staff member entering data into Banner)

**Custom Role Applied:**

<input type="checkbox"/> Alumni Assoc Emp	<input type="checkbox"/> Emeritus Faculty	<input type="checkbox"/> BOT Member	<input type="checkbox"/> CCIT:
<input type="checkbox"/> Foundation Emp	<input type="checkbox"/> ROTC Faculty		<input type="checkbox"/> CSM Associate:
<input type="checkbox"/> Sodexo Employee	<input type="checkbox"/> Bookstore Emp		<input type="checkbox"/> Other Student:

Picture ID type: \_\_\_\_\_ Date entered M \_\_\_\_ / D \_\_\_\_ / Y \_\_\_\_ by person: \_\_\_\_\_

CWID found or assigned: \_\_\_\_\_

**NOTE: Completed Authorization Form with scanned ID should be kept in a secure/locked location in the Department or Office of the person who entered the data.**