To begin the process for access to Kresge Library and to receive your Oakland email address and Grizzly ID # please complete/sign the attached forms:

- **Oakland University Personal Information Sheet**
- **General Terms for Guest Academics-Clinical Faculty**

Return your completed forms via:

**FAX:** (248) 370-3630

**EMAIL:** terrien@oakland.edu

**MAIL:** OUWB School of Medicine
472 O’Dowd Hall
Rochester, MI 48309

Once your information is entered into the Banner system it will take 24 hours for your Oakland email address to be generated.

Your Grizzly ID#, Oakland email address, and account activation instructions will be sent via regular mail to the address you provided on the personal information sheet.

Please feel free to contact Sue Terrien with any questions.

472 O’Dowd Hall
Phone: (248) 370-3631
Fax: (248) 370-3630
terrien@oakland.edu
**OAKLAND UNIVERSITY PERSONAL INFORMATION**

**DATE:** ______________

**NAME:** ________________________________________________________________________

(First) (Middle) (Last) (Suffix) (Last 4# of SSN)

**CURRENT ________________________________________________________________**

**MAILING ADDRESS ________________________________________________________**

(City) (State) (Zip code)

*When you have determined permanent residence in the local area, please record it in the office of your departmental secretary.

**Please list any former names that you could be identified as [I.E. maiden name, aliases]**

E-MAIL ADDRESS: __________________________

TELEPHONE NUMBER: _______________________

BIRTHDATE: ___________________/_____/_____

(Month) (Day) (Year)

SEX: □ Male □ Female

U.S. CITIZEN: □ Yes □ No

If not, what type visa? □ F, □ J, □ H1, □ LAPR, □ F2, □ J2

Please enclose a copy of visa if not included with Employment Eligibility (I-9) Form.

**EDUCATIONAL INSTITUTIONS**

**DEGREES GRANTED**

**DATES**

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**Ethnicity Information:**

Are you Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican Central or South American, or other Spanish cultures or origin, regardless of race): ____Yes ____No

Select one or more of the following racial categories to describe yourself:

___American Indian or Alaskan Native: origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment

___Asian: origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam

___Black or African American: origins in any of the Black racial groups of Africa

___Native Hawaiian or Other Pacific Islander: origins in any of the original persons of Hawaii, Guam, Samoa or other Pacific Islands

___White: origins in any of the original peoples of Europe, North Africa, or the Middle East

**Veteran Information:** (please check ALL that apply) If so what was your date of discharge? ________________

___Disabled Veteran: a veteran entitled to compensation under laws administered by the Secretary of Veteran Affairs or a person discharged or released from active duty because of a service-connected disability

___Other Protected Veteran: a veteran that has served in active duty for any war, campaign or expedition for which a campaign badge has been authorized under laws administered by the Department of Defense

___Armed Forces service medal: a veteran that while serving on active duty participated in a military operation for which an Armed Forces service medal was awarded

___Recently Separated Veteran: a veteran during the three year period beginning on the date of such veteran’s discharge or release from active duty
General Terms for Guest Academics-Clinical Faculty

This document states the general conditions of invitation for all guest academics welcomed by Oakland University and is an official part of all such offers. Specific conditions (title, etc.) are stated in individual offers of invitation.

- **FERPA (Family Educational Rights & Privacy Act)**
  Oakland University members are to understand and comply with the terms of the Family Educational Rights & Privacy Act, especially when using Oakland’s information systems. A copy of this act is located at the following website:
  http://www2.oakland.edu/audit/POLCY1130.HTM.

- **Use of University Information Technology Services**
  Oakland University members are to understand and comply with the terms of the Use of University Information Technology Services policy, especially when using Oakland’s information systems. A copy of this policy is located at the following website:
  http://www3.oakland.edu/oakland/frames.asp?main=http://www2.oakland.edu/audit

- **#430 Freedom of Information Act**
  Oakland University members are to understand and comply with the terms of the Freedom of Information Act. A copy with details of this act is located at the following website:
  http://www2.oakland.edu/audit/POLCY430.HTM

- **#470 Release of Student Educational Records**
  Oakland University members are to understand and comply with the terms of the Releasing of Student Educational Records policy. A copy of this policy is located at the following website:
  http://www2.oakland.edu/audit/POLCY470.HTM

- **#860 Information Security**
  Oakland University members are to understand and comply with the terms of the Oakland University Information Security policy, especially when using Oakland’s information systems. A copy of this policy is located at the following website:
  http://www2.oakland.edu/audit/policy 860.doc

- **Immigration and Naturalization Service Status**
  This offer is contingent upon having appropriate status with United States Immigration and Naturalization Service.

- **Sexual Harassment Training**
  Academic guests of Oakland University are strongly encouraged to complete and pass sexual harassment training within the first three days of their appointment. The training is available online at http://training.newmedialearning.com/psh/oakland/.

PLEASE SIGN THE ORIGINAL OF THIS DOCUMENT WHERE INDICATED BELOW AND RETURN IT TO THE DEAN’S OFFICE, ALONG WITH THE SIGNED ACCEPTANCE OF THE ACCOMPANYING LETTER OF INVITATION.

ACCEPTED: _______________________________ DATE: _____________________