



Verification of Stanford Affiliation

Stanford Visitor Information

Name: _____ Gender: M / F Year of Birth: _____

Phone Number: _____ E-mail address: _____

Affiliation (circle one): graduate student / undergraduate student / postdoctorate
temporary employee / permanent employee / visiting researcher / visiting scholar
summer intern / faculty / other (please specify): _____

Stanford Affiliation starting date: _____ Ending date (if applicable): _____

Type of Stanford ID to be received: _____

Type of work/research to be conducted while at Stanford:

Verifier Information

Name: _____

Academic Department: _____ Position: _____

Phone extension: _____ E-mail address: _____

By signing below:

I attest that the summer visitor listed above will be a Stanford affiliate during the time period listed above and will be participating in endeavors that support the mission of Stanford University.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

APPROVED NOT APPROVED Name: _____ Date: _____

Notes: _____
