Request for Access to NRAO Resources for Non-Employees



1. /	Applicant name:		
2. (Citizenship: Current affiliation (title, organization, and address):		
4. 1	NRAO Sponsor's Name:	Empl. ID#:	
5. <i>A</i>	Applicant Email and Phone #:		
6. 1	New Approval: □ or Renewal: □		
7. 8	Status:		
	a. Undergraduate student		
	b. ☐ Graduate student		
	c. Visitor/Contractor/Temp		
8. [OPS screening passed? (Sponsor responsible	for verification.): □ Y es or □ No	
	a. Date of Screening (mm/dd/yyyy):		
9. E	Effective Period (2 years or less) mm/dd/yyyy:	From: To:	
10.	10. NRAO Collaboration staff member (if different from 4):		
11.	Group with which person will be affiliated:		
12.	Statement of anticipated benefit to NRAO:		
13.	Primary work site:		
14. N	Select an Access Sensitivity Rating. Refere	•	
	a. None, Level 5 (general public info	mation only)	
	b. Level 4 (partner e.g. partner grant	proposals, some internal web content)	
	c. Level 3 (internal e.g. "intranet" ac	cess, NRAO staff-web, email address)	
15.	Privileges: ☐ Badge ID ☐ NRAO AD Ac	count □ Journal Access □ Computer	
16.	AD Level Approval:		
17.	If not using DocuSign, please email the completed PDF to the local computing group.		

Visitors will be granted a visitor badge ID with access to only visitor appropriate areas.