

Application for IdM Identification of FAU

Regionales Rechenzentrum Erlangen (RRZE) ■ Martensstraße 1 ■ 91058 Erlangen

Rückfragen bitte an: rrze-zentrale@fau.de

<input type="checkbox"/> First-time registration <input type="checkbox"/> Subsequent registration	Requested expiration date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Previous IdM-I.D. (if applicable): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Information concerning the user			
Full first name:	<input type="text"/>	Title:	<input type="text"/>
Last name:	<input type="text"/>	Name affix:	<input type="text"/>
Place of birth:	<input type="text"/>	Date of birth:	<input type="text"/>
Nationality:	<input type="text"/>	Sex:	<input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/> unspecified
Kontaktadresse	Address of FAU-Organizational Unit <small>Place of employment, if FAU organizational Unit has several addresses</small>	Delivery address (reliable) <small>Home address or company address</small>	
Name:	<input type="text"/>	<input type="text"/>	
Address (opt.) / Room number:	<input type="text"/>	<input type="text"/>	
Street, Number:	<input type="text"/>	<input type="text"/>	
ZIP, City:	<input type="text"/>	<input type="text"/>	
Country:	<input type="text"/>	<input type="text"/>	
Phone:	<input type="text"/>	<input type="text"/>	
Email:	<input type="text"/>	<input type="text"/>	
I hereby confirm the accuracy of the information above.			
Place, date: <input type="text"/> Signature (User):			
Information concerning the FAU-Organizational Unit <small>Employing / contracting / hosting / cooperating unit of the FAU</small>			
Number of FAU Organizational Unit:		RRZE-customer number:	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	



Information concerning the type of user

Please select only **one** type of user:

Employee:

- Employee (soon-to-be)
- Employee (former)
- Employee (volunteer)
- Scholarship holder
- Postdoc-Fellow

Student:

- Student (early start date)
- Student (associated by cooperation)

Other:

- Lecturer (guest)
- Researcher (guest)
- Trainee
- Individual on secondment
- Service partner
- Employee of external customer
- Other

Please attach the required documents for service tendering (contracts, certificates, etc. as appropriate) to the application. Details can be found under: www.idm.fau.de/aim/docs/affiliations (Column "Basic information on service tendering")

Explanation of the choice of the user type (If requested in the column "References"):

IdM-I.D. of IdM-point of contact:

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IdM-point of contact (name in plain text):

Name/Stamp of the FAU Organizational Unit:

Place, Date:

Signature (IdM-point of contact):

To fill in by the IdM-point of contact or by the employee of the RRZE-Service-Theke

Identification documents checked:

- I.D. card
- Passport
- Permit of residence

Identif. number:

Other documentation:

- Employment contract
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The IdM-point of contact or employee of the RRZE-Service-Theke has verified that all information concerning the user including the presented documents of identification are correct.

IdM-point of contact or employee of the RRZE (name in plain text):

Signature (IdM-point of contact or employee of the RRZE-Service-Theke):

RRZE-internal notes (to be filled in by the RRZE-Service-Theke)

Employee of the RRZE (name in plain text):

Information / Attachments / Case number: