



Instructions: This form is to be used by University affiliates only. An affiliate is an individual who has an official relationship with Mississippi State University but is employed and compensated by another organization. Use this form to add information for a new employee or to change current employee information. Please print or type information. Email this completed form to directory@its.msstate.edu.

NetID: _____

2. Employee's Name: _____
Last First Middle Initial

3. Title: _____

4. Department Name: _____

5. Campus Mail Stop: : _____

6. Postal Mailing Address: _____
Box # or Street Address City State Zip

7. Office Location: _____
Building Name and Room Number

8. Office Telephone Number: _____ (Main office number or individual number)

9. Email Address: _____

10. Residence Information

a. Mailing Address: _____

b. City: _____

c. State: _____

d. Zip Code: _____

e. Home Telephone Number: _____

11. If married, please give name of spouse: _____
Last First Middle Initial

SIGNATURE _____ **Date** _____