

**Allied Status Application/Confirmation Form
Professional/Technical/Public Service Organizations**

The benefits listed in this form are subject to change at the discretion of the University

Name of proposed Allied organization _____

Address _____

City _____ **State** _____ **Zip** _____

Phone _____ **Fax** _____

Name of company contact _____

E-mail of company contact _____

Company website address _____

University unit proposing Allied status _____

Name of unit contact _____

Address of unit contact _____

City of unit contact _____ **State** _____ **Zip** _____

Phone of unit contact _____ **Fax** _____

E-mail of unit contact _____

Briefly describe the nature of the cooperative relationship existing between the Organization and the University (services rendered to each by the other).

Which of the available benefits listed below are desired by the Company?

- Allied organization staff Identification card
- Technology Services Offerings: Campus NetID, access to IllinoisNet, email redirection
- Library affiliate status
- Use of campus mail in accordance with University policy
- Access to University parking facilities at faculty/staff negotiated rates (if the Organization is housed in University facilities)
- Access to University Athletic events at the same rate charged faculty and staff
- Access to campus recreational facilities at the same rate charged faculty and staff
- Access to University cultural programs at the same rate charged faculty and staff
- Banner account for campus stores
- Use of University meeting facilities (e.g. conference rooms, auditoria) on the same basis as University units, space and schedules permitting

Which University unit will cover any costs that apply to these benefits? _____

Please provide a name and contact phone number for the individual responsible for reimbursement of costs, along with a C-FOAPAL.

Name _____

Email _____

Phone _____

C-FOAPAL _____

Approval Signatures

Sponsoring unit head _____ Date _____

Organization representative _____ Date _____

Dean/Director for sponsoring unit _____ Date _____

This document as well as an employee listing should be forwarded to the Office of Corporate Relations. Approval will be documented by letter to the allied organization and the sponsoring unit, with copies to the campus units providing services.

Term of Allied status is a maximum of three years from the effective date, on a fiscal year basis.