



## iRIS Access Request Form

Fill out this form if you need iRIS access and do **NOT** have a UCSF ID number. Individuals [with a UCSF ID number](#) should go directly to iRIS via [MyAccess](#). Complete all three sections below. Make only one request per form.

### 1. Account request type:

New Affiliate Account     Annual Renewal of an Existing Affiliate Account

### 2. I am requesting access for: (All fields required)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_

Affiliated Institution: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone Number: \_\_\_\_\_  Check here if this is a private number.

Reason for request: \_\_\_\_\_

Anticipated role(s) on studies:  Additional Investigator     Research Staff

Has this person ever been a UCSF student or employee, or had a UCSF badge for any reason?  Yes     No

If yes, what name was the badge under? \_\_\_\_\_

All users must meet the [UCSF Minimum Security Standards for Electronic Information Resources](#) and [UCSF 650-16 Information Security and Confidentiality](#).

### 3. UCSF requester information: (All fields required)

My First Name: \_\_\_\_\_ My Last Name: \_\_\_\_\_

My UCSF ID: 02\_\_\_\_\_

Dept Name: \_\_\_\_\_

Dept Code: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

I verify the identification of this affiliate by viewing a valid ID of an official government-issued identification that contains a photograph image. For example: a valid U.S. passport, driver's license or identification card, U.S. permanent Resident Alien Card (green card).

**Requester Signature:** \_\_\_\_\_

Submit completed form to [IRB@ucsf.edu](mailto:IRB@ucsf.edu). Please contact the HRPP at 415-476-1814 with questions.

**NOTE: Affiliate appointments are valid for of one year.** Please review the [HRPP website](#) for more information.