

## POI – SPONSOR FORM

### Request for Electronic Person of Interest (ePOI)

This form does not apply to current faculty, staff, or students. It is also not applicable to prospective or applicant students. All other individuals may be eligible to complete this form. The purpose of this form is to identify the Applicant's (Person of Interest) relationship with the University prior to granting access to University resources.

In accordance with University of Houston System policy, both the applicant and the sponsor must not be physically located in any country listed in Texas Executive Order GA-48 at the time of requesting or using University IT resources. Access to University resources from any of these restricted countries is strictly prohibited, regardless of role or affiliation. The full list of restricted countries is available in the University's [Texas Executive Order GA-48](#) site.

By signing this form, both the applicant and the sponsor confirm that the information provided is accurate and complete.

- The applicant must complete and sign the form, then return it to the sponsor.
- The sponsor is responsible for completing the remaining sections and submitting the fully completed and signed form to their departmental Business Office for processing.

For questions about this process or form, please contact UH - Human Resources Office at [hrrec@uh.edu](mailto:hrrec@uh.edu).



#### APPLICANT PERSONAL INFORMATION

PSID:	LAST NAME:	FIRST NAME:	MIDDLE NAME
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
HOME STREET ADDRESS:	CITY:	STATE:	ZIP CODE:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
EMAIL ADDRESS:	HOME PHONE:	DATE OF BIRTH:	GENDER:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please select the Unique Identifier Type and provide the Unique Identifier (See ePOI Service Type section for SSN Requirements)

Unique Identifier Type  Choose an item.

Unique Identifier:

If you have concerns about providing your Unique Identifier in writing, you may relay this information to your sponsor verbally. Any information you provide on this form will strictly be used for ePOI processing purposes only. This information will not be disseminated for any other purpose.

By signing this form, the Applicant confirms that the information provided is accurate and complete, and further acknowledges and certifies compliance with Texas Executive Order GA-48. The Applicant affirms that they are not located in a restricted country and will not access University IT resources from such locations.

Signature of Applicant:

Date Signed:

## POI – SPONSOR FORM

### Request for Electronic Person of Interest (ePOI)



#### SPONSOR INFORMATION

Sponsor PSID:	<input type="text"/>	Start Date of ePOI Service	<input type="text"/>
Sponsor Name:	<input type="text"/>		
Sponsor Department:	<input type="text"/>		

Select the ePOI Service Type that best describes the Applicant's role with the University of Houston System.

ePOI SERVICE TYPE: (See ePOI Service Type section)

Choose an item.

Note: For faculty or staff member who will be hired enter Posting Number \_\_\_\_\_

University Information Technology Resources Needed for Applicant:

- ☐ Username - request to set up system credentials for access to university systems and campus-wide digital platforms. Note: This request does not include setup of an email account or Microsoft Suite license.
- ☐ Microsoft Suite License - request to set up a university-issued email account and provide full access to Microsoft Office tools and related productivity applications.

Please see our UIT policies concerning computer use:

[SAM Policies: 07.Information Technology](#)

[MAPP Policies: 10. Information Technology](#)

[Sponsored Account Procedure](#)

**The Sponsor must return the completed form to their Department Business Office for processing.**

By signing this form, the Sponsor confirms that the information provided is accurate and complete and certifies compliance with Texas Executive Order GA-48. The Sponsor affirms that neither they nor the Applicant are located in any restricted country and that no access to University IT resources will be permitted from such locations.

Signature of Sponsor:

Date Signed:

Division/College/Department Administrator Approver:

Approver Print Name

PSID

Approver Signature

Date Signed