

**COLLEGE OF ARTS AND SCIENCES
INSTRUCTIONAL RESOURCE PERSON (IRP)
REQUEST FORM**

PERSON REQUESTED: _____
SOCIAL SECURITY #: _____
MAILING ADDRESS: _____

Area(s) of Expertise and Qualifications: _____

Dates: _____
Activities: _____

Audience: _____ **Expected Attendance:** _____

(Please fill-in requested amount in the column next to Arts & Sciences, and list any additional funding)

Department / Fund	Amount
Arts & Sciences - 101400	

Total Honorarium: \$ _____

REQUESTED BY: _____ Chair
 _____ Department
 _____ Date

APPROVED: **DENIED:**

Dean Signature

Date

Note: Social Security number is needed for accurate payroll processing.

DISCLOSURE STATEMENT
Request for Social Security Number

1. The Department of _____ at Appalachian State University ("ASU") requests that you provide your Social Security Number ("SSN") below.

2. If you provide your SSN, the University will use it **only** for the following purpose(s) [check all that apply]:
 - a. Reporting of income or other payments for federal or state tax reporting purposes, and for purposes directly related or reasonably necessary to the accomplishment of those reporting requirements;
 - i. Authority: 26 U.S.C. § 6011; 26 U.S.C. § 6051; 26 U.S.C. § 6109; 20 C.F.R. § 422.114; IRS Forms W-2 and 1099.

 - b. _____ Reporting of qualified tuition and related expenses pursuant to IRS requirements, and for purposes directly related or reasonably necessary to the accomplishment of those reporting requirements;
 - i. Authority: IRS Forms 1098-T and W-9S; 26 U.S.C. § 6109.

 - c. _____ Other[describe]: _____
 - i. Authority _____
 - (1) The foregoing authority **does/does not** make disclosure of an SSN mandatory [circle the applicable word(s)].

3. Is provision of your SSN mandatory or voluntary?
 - a. Provision of your SSN is mandatory with respect to the IRS reporting requirements (2.a or 2.b, above).

 - b. Provision of your SSN **may be** mandatory with respect to Other uses or purposes (2.c) if the authority cited for such Other purposes mandates disclosure of your SSN.

 - c. If no authority is specified for an "Other" use or purpose, or if the authority specified does not mandate disclosure of your SSN, your provision of your SSN is voluntary, and your failure to provide it may not result in a denial of access to ASU programs, facilities, or other benefits.

I have read and understood the information provided on this page, and I provide my Social Security Number for the use(s) identified there.

Printed Name

Social Security Number

Signature