

275 Windsor Street, Hartford, CT 06120  
Office of the Registrar Fax: (860) 548-7823

PLEASE PRINT:

Name \_\_\_\_\_

S.S. No. \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_  
Street

D.O.B. \_\_\_\_\_

\_\_\_\_\_ City State Zip Code

Date of Request \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_

**A copy of your ID number will be mailed to you.**

FOR OFFICE OF THE REGISTRAR USE ONLY	STUDENT I.D. NO. ____/____/____
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