

Office Use Only

License Period:

Academic Year: ☐ Spring: ☐ Fall: ☐

Staff Initial: _____

Date: _____

ID Request Form

Please print neatly. All IDs are valid for the duration of the housing license.

Licensee Information:

Full Name: _____

Net ID: _____ UID #: _____

Bldg/Apt #: _____

Family Member/Partner Information:

First Name: _____

Middle name: _____

Last Name: _____

US SSN: _____ - _____ - _____

*If applicable*Gender: Male ☐ Female ☐

D.O.B: ____ / ____ / ____ (mm/dd/year)

Non-NYU E-mail Address: _____

Contact #: _____