

Office Use Only		
License Period:	Academic Year:	<input type="checkbox"/> Spring: <input type="checkbox"/> Fall: <input type="checkbox"/>
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 #: _____