

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 #: _____