

STUDENT (EMPL) ID NUMBER REQUEST

(Processing time: Up to 2 business days)
REQUEST BY FAX: (805) 756-7237

OFFICE USE

STUDENT NAME: _____
Print: Last First Middle (full)

PREVIOUS NAME(S) MAJOR PREVIOUS/OTHER INSTITUTIONS (WHILE ATTENDING CAL POLY)

STREET CITY STATE ZIP
CURRENT ADDRESS

DATES OF ATTENDANCE: _____ **THROUGH** _____

CHECK ALL APPLYING TO YOUR ACADEMIC HISTORY AT CAL POLY:

- Undergraduate
- Graduate
- Extended / Continuing Education
- Summer Workshop
- Vocational
- Tech Cert Program

PHONE / E-MAIL (if return requested by telephone,
a confidential voice message will be left at the number provided)

X _____
Student Signature (REQUIRED)

OFFICE USE

STUDENT / EMPL ID#

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INITIALS _____ **DATE** _____