REQUEST FOR UH NUMBER

The University of Hawai‘i ("University") is committed to safeguarding the privacy of personal and confidential information of its students, employees, alumni, and other individuals associated with the University. In the normal practice of conducting official University business, the University collects and maintains confidential information relating to its students, including a student’s Social Security Number (SSN). Due to the practical administrative difficulties which the University would encounter in maintaining adequate student records and processing financial transactions without the SSN, the University will continue to collect SSNs as permitted by law for official use within the University system. Students will be assigned a University generated student identification number which will be used as the primary identifier.

Instructions: Complete this form if you will take the COMPASS Placement Test, and currently do not have a UH Number. Please print clearly.

Social Security Number: _____/_____/_____

Legal Name: ____________________________________________

Last       First       Middle

Mailing Address: ____________________________________________

Street       City       State       Zip Code

Date of Birth: _____/_____/_____

Month       Day       Year

Daytime Phone Number: __________________________

I certify that the responses provided on this Request for UH Number Form are complete and true to the best of my knowledge and belief.

_________________________________________   ______________________________
Date       Student Signature

For Official Use Only:

Your UH Number is: ____________________________________________

UH Number created by: ___________   Date: ___________