REQUEST FOR UH NUMBER

Instructions: Complete this form if you will take the placement test and currently do not have a UH Number. Please print clearly.

Legal Name:

__________________________________________________________________________________________
Last      First      Middle

Mailing Address:

__________________________________________________________________________________________

Birthday: _____/_____/_______    Telephone: (_____) ______________
Month     Day           Year

I, ______________________________________ (print name) certify that the responses provided on this Request for UH Number Form are complete and true to the best of my knowledge.

Student Signature: _______________________ Date: _______________________

Your UH Number is:

__________________________________________________________________________________________