REQUEST FOR UH NUMBER

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

Legal Name_______________________________________________________________________

Last  First  Middle

Mailing Address:_________________________________________________________________________

Street Address  City  State  Zip Code

*Social Security Number: _______/______/_______  Birthday___________/__________/________

Month  Day  Year

Daytime Phone Number: ______________________

*Required to ensure correct data matching with student records in the student database and not as a student identifier.

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.

_________________________________  ______________________________
Student Signature  Date

Your UH Number is:___________________________________

UH Number created by:___________ Date:_____________

Original: MCC/Admissions and Records  Copy: Student