



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:



2002-2003
MetLife Foundation
Best-Practice College
Award Recipient



2008
Bellwether Award
Recipient



2009
President's Higher
Education
Community
Service Honor Roll

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