



INSTRUCTIONS

Complete the "Student" portion of this form and return to the Registrar's Office with a copy of a photo ID (the ID may be scanned separately or onto this document, as a PDF or you can take a picture, if you choose to email). You may drop the documents off in person, fax them to 407-823-5022, or email them to Michelle.Parker@ucf.edu and/or Bunnie.Jackson@ucf.edu. Illegible forms will not be processed.

STUDENT INFORMATION

Name (any current or prior name while attending UCF) _____

Current Email _____

Date of Birth _____

Phone Number _____

STUDENT VERIFICATION

Please answer at least **ONE** of the following and include your ID in the box below:

- What was your first major? _____
- When did you begin taking classes at UCF? _____
- Which term did you withdraw from UCF? _____
- Where did you live while attending UCF? _____
- What was the major for your degree from UCF? _____
- What were your classes from your last term here at UCF? _____

Place state/government-issued photo ID here. Scan or take a photo of the completed form and email it to the email addresses included in the instructions at the top of this form.

SIGNATURE

Student Signature _____

Date _____

REGISTRAR'S OFFICE USE ONLY

Processed By _____

Date _____