

# 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

Birthday: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Social Security Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Other/Previous Name: \_\_\_\_\_

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

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**FOR KISC USE ONLY:**

<p>Your UH Number is:</p> <p>_____</p>
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UH Number created by: \_\_\_\_\_ Date: \_\_\_\_\_

Original: KISC Copy: Student

