

College of Education  
School of Special Education, School Psychology & Early Childhood Studies  
1403 Norman Hall  
PO Box 117050  
Gainesville, FL 32611-7050 352-392-2655 Fax

## Request for UFID

Date: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Gender:

Male

Female

Birth Date: *MM/DD/YYYY* \_\_\_\_\_

Current Address: \_\_\_\_\_

Exact Name as issued on Government Issued ID (in order for us to purchase airfare): \_\_\_\_\_

Have you ever been a student at UF?  Yes  No

Have you ever been a Faculty, Staff or OPS employee at UF?  Yes  No

*This section to be completed by staff member requesting UFID:*

Department affiliation: **CEEDAR** Relationship end date: **12/31/16**

Staff member name: **Vicki Tucker**

**NEVER** include Social Security numbers in e-mails. If you are e-mailing this form, you should call your department contact and give them your SSN to write in on the form or you may write in your SSN and fax this form.

COLLECTION AND USE OF SOCIAL SECURITY NUMBER: Your Social Security Number has been collected because it is imperative for the performance of this department's duties and responsibilities as prescribed by law. If you have questions about the collection and use of Social Security Numbers, please visit <http://privacy.ufl.edu/SSNPrivacy>