

College of Education

School of Special Education, School Psychology & Early Childhood Studies

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352-294-2864 Fax

Request for UFID

Date:

First Name:

Middle Name:

Last Name:

Mailing Address:

City:

State:

Zip Code:

Social Security Number:

Gender:

Male

Female

Birth Date: MM/DD/YYYY

Personal E-mail Address:

International Numbers Must Include Country Code

Phone Number: Country Code:

Area Code:

Phone Number:

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: 12-31-17

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>