REQUEST FOR SOCIAL SECURITY NUMBER

TYPE OR	PRINT IN INK.				
Name:	LAST			SID#	G 🚨 U
	LAST	FIRST	MIDDLE		
Mailing Address:					
	Street Add	ress	City	State Z	ip Code
E-mail ad	dress:				
Local Tele	ephone No: ()			
***Social S A copy o	Security Number of your Social Sec	curity card must	be attached.		
If you do	not have a SSN	but have a Indiv	vidual Tax Payer Numb	er (ITIN), please list _	
I hereby r	request that my s	ocial security nu	mber be added/correcte	ed on my record.	
•		·		•	
Signatu				Date	 -
Please ret	urn this complet	ed form with a c	opy of your Social Secur	ity Card by one of the fo	llowing methods:
In person	:				
120 Sprou	ent Central ıl Hall ıM to 4PM.				
Mail to:					
Universit 124 Sprou	c Records - Office y of California ıl Hall California 94720	C			
Fax to: 510-643-9	819				

*** International Students - Please do not use this form to submit the number your country has assigned.

OR: Nov 16/RTN: 1 yr.