

OFFICE *of the* REGISTRAR
student (empl) id request

CAL POLY

Current Name Last First Middle

Previous Names (if any)

Address City State Zip Code

Email Address Phone:

Major Birth Month/Year

Dates of Attendance _____ through _____ Did you attend prior to **Fall 1988?** _____
ex: Fall 2001 ex: Fall 2004 Yes No

Please include any Cal Poly Continuing Education courses taken in attendance dates.

Signature Date

Send request by fax: 805.756.7237 or scan and email to records@calpoly.edu.
Most requests are processed the same day if received before 3:00 pm. Requests received after that may be returned the next business day. Requests for students who attended prior to Fall 1988 may take up to 7-10 business days. A response will be sent via email or a voice mail message left at the number provided.

For Office Use:

Student/EMPL ID#:

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For Office Use

Staff: Date: