

## UFID REQUEST FORM

Department of Microbiology and Cell Science  
Phone: (352) 392-1906 FAX: (352) 846-0950

DATE OF REQUEST: \_\_\_\_\_

UF ID # \_\_\_\_\_

UF Staff will fill in

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

MIDDLE INITIAL: \_\_\_\_\_

HOME ADDRESS:

---

---

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

COUNTRY: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

HOME TEL NUMBER: \_\_\_\_\_

CELL NUMBER: \_\_\_\_\_

OFFICE TEL NUMBER: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

GENDER: \_\_\_ MALE \_\_\_ FEMALE

COUNTRY OF BIRTH: \_\_\_\_\_

BIRTH CITY: \_\_\_\_\_

CITIZENSHIP: \_\_\_\_\_

SSN: (IF KNOWN): \_\_\_\_\_

WAS THIS PERSON EVER A STUDENT AT UF? YES\_\_\_ NO\_\_\_

WAS THIS PERSON EVER A FACULTY, STAFF, OR OPS EMPLOYEE? YES\_\_ NO\_\_