



University of La Verne
Office of the Registrar
1950 Third Street
La Verne, CA 91750

REQUEST FOR STUDENT ID NUMBER

(PLEASE PRINT LEGIBLY)

First Name: _____ Last Name: _____

Daytime phone number: _____ Fax number (required): _____

Date of birth: _____ I attended as a: Undergraduate Graduate Doctoral Law
Month/Year

Currently enrolled: Yes No If no, *approx.* last date of attendance^{**}: _____

***If you were a student prior to 1991, you will not have an online record. Please email our office at reg@laverne.edu for more information.*

I authorize the Office of the Registrar to fax my student ID number to the fax number listed above.

Signature (required): _____ Date: _____

Please fax this completed form to the Office of the Registrar at (909) 448-1628. Your student ID number will be faxed back to you within 12 business hours of receipt.