Plymouth State University
of the University System of New Hampshire
Office of the Registrar

New Faculty ID Request

Name *(please print; Last Name, First Name and M.I are required)*				
Last Name	*First Name*	*M.I.*	*Suffix*	*Title*

Social Security Number *(required)*	**Gender**	**Birth date**
- -	M F	

Home Address					
Street					
City		**State**		**Zip**	
Home Telephone		**Home Email**			

Campus Address Information			
Department Name:		**MSC:**	
Building Name:		**Office Number:**	

Additional Information: Please include the CRN(s), CourseId(s) and their terms below. Also include any other pertinent information that will help us to process this request.

Effective Term:	
Fall:	**Spring:**

Request Submitted by:	

For Office Use Only			
Date Request Received:		***PSC Email Account:***	
Request Processed by:			
Faculty ID Assigned:		***Authorized by:***	