



## STUDENT IDENTIFICATION NUMBER (SID) and PIN REQUEST

### REQUIRED INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Previous Name (if applicable): \_\_\_\_\_

Birth Date (MM/DD/YY): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Email Address: \_\_\_\_\_

### COMPLETE QUESTIONNAIRE

Answer as many of the following questions as possible. **Sign and date** and return by one of the methods listed below.

1. Approximate dates of attendance: \_\_\_\_\_  
(Exception: Please call 206-934-7938 if requesting SID for transcripts prior to 1980)
2. List any classes taken. At least one class is required.  
(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_
3. List degree received from SSC: \_\_\_\_\_

### RETURN THIS FORM

1. By email to [sscregistration@seattlecolleges.edu](mailto:sscregistration@seattlecolleges.edu)
2. In person to the Registration and Records Office in the Robert Smith Building
3. By fax to (206) 934-7947, Attn: Office of the Registrar
4. By mail to: South Seattle College  
Attention: Office of the Registrar  
6000 16<sup>th</sup> Ave SW  
Seattle, WA 98106

NOTE: SIDs will be emailed to the email address listed on the form. Your PIN will be reset to your birth date in six digit format (MMDDYY). Please allow up to 48 hours to process your request.

By providing the above information, I verify that I am:

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

### OFFICE USE ONLY

SID: \_\_\_\_\_ Date Rec'd: \_\_\_\_\_ Date Sent: \_\_\_\_\_ Staff Initials: \_\_\_\_\_