



**MANCHESTER
COMMUNITY
COLLEGE**

**Manchester Community College
Registrars Office**

STUDENT REQUEST FOR I.D. NUMBER OR TO RESET PIN

*Name of Student: _____

*Student I.D. Number: _____ */Social Security # _____

*Date of Birth: _____

*Telephone Number: _____

PLEASE INCLUDE A CLEAR COPY OF A VALID PHOTO I.D. (STATE I.D., DRIVER'S LICENSE OR PASSPORT) IN THE SPACE BELOW OR ON A SEPARATE PAGE

I, the student named above, am authorizing the MCC Registrars Office to:

_____ Provide my student I.D. number

_____ Reset my student PIN so I can access Web for Students

***STUDENT SIGNATURE** _____

***TODAY'S DATE** _____

You can fax or mail this form to the Manchester Community College Records Office:

Fax Number (860) 512-3221
Manchester Community College
Registrars Office
Great Path, P.O. Box 1046
Manchester, CT 06045-1046

Records Office Representative:
Issued by _____
Date _____

- The student must sign this form
- No Third party request will be honored
- If a clear photo I.D. by fax or by mail cannot be provided, the student must bring a form of photo identification in person to the MCC Records Office.

*Required