



## EASTERN KENTUCKY UNIVERSITY

*Serving Kentuckians Since 1906*

### Office of the Registrar

SSB CPO 58, 521 Lancaster Avenue  
Richmond, KY 40475-3158

Phone: (859) 622-2320  
FAX: (859)-622-6599

## EKU Student ID Request

*Complete all fields – include signature- and mail or fax to the Registrar's Office.*

*You will be contacted within 24/48 hr., but only between 8 – 4:30pm, Monday-Friday (except those holidays when the university is closed.)*

### Please provide me with my EKU student ID number.

*Please print clearly. All information below is required so that we can first confirm your identity.*

1. First name: \_\_\_\_\_  
(required field)

2. Full middle name: \_\_\_\_\_  
(required field)

3. Last or surname: \_\_\_\_\_  
(required field)

4. SSN: \_\_\_\_\_ 5. Birth date: \_\_\_\_\_  
(required field) (required field) Month Day Four digit year

6. Are you currently taking classes at EKU? **YES / NO**  
If yes – you are expected to activate and monitor your EKU email account.

EKU Email address: \_\_\_\_\_

7. Did you ever attend EKU under a name different from that above? \_\_\_\_\_ If yes PRINT name below.

Previous Name: \_\_\_\_\_

8. Current phone contact: \_\_\_\_\_  
(required field)

9. Do you have a military email account with secure identity authentication? If yes please provide:

Military email address: \_\_\_\_\_

10. Current mailing address: \_\_\_\_\_  
(required field)

Signature: \_\_\_\_\_  
(required field)

Date: \_\_\_\_\_  
(required field)

