



OFFICE OF THE REGISTRAR

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REQUEST TO RESET PIN CODE

PLEASE ALLOW 24 HOURS TO RESET PIN CODE

Student ID (Z #):

NAME: _____

DATE OF BIRTH: (MM/DD/YY) _____

PHONE: (____) _____ E-MAIL ADDRESS: _____

SIGNATURE: _____ DATE: _____

At least **two (2)** forms of identification must be presented. At least **one (1)** must be a photo ID and at least **one (1)** must contain your date of birth.

- Driver's License Birth Certificate Social Security School Transcript Student ID

First Semester Enrolled at FAU: FALL SPRING SUMMER YEAR: _____

OFFICE USE ONLY		
Date of Birth Verified in System <input type="checkbox"/> Yes <input type="checkbox"/> No	Above Information Verified by _____	Date Information Verified ____/____/____