



For Office Use Only

Posted By: _____ Date Posted: _____

Office of the Registrar

Visiting Student Supplemental Biographic Information Form

STUDENT INFORMATION			
Student ID: _____	Name: _____	<small>Last Name</small>	<small>First Name</small>
		<small>Middle Name</small>	
Email: _____	Phone: _____		
Permanent Address: _____		City: _____	
State: _____	Postal Code: _____	Country: _____	

SUPPLEMENTAL BIOGRAPHIC INFORMATION
<p>To complete the creation of your visiting student record, please provide the following information. Failure to provide the information in the required fields will prevent you from obtaining your official academic transcript, registering for future terms at Rice University, and accessing valuable campus services. The hold on your account preventing access to these services will be removed upon submission of this information.</p>
<p>Date of Birth: _____</p>
<p>Social Security Number (SSN) or Taxpayer Identification Number (TIN): _____</p> <p><i>Please be assured that the information you provide will remain protected and confidential. Federal guidelines require educational institutions to request each student's SSN/TIN so that it may be included on information filed by the institution. This information is used solely for reporting purposes such as creating a 1098-T Tuition Statement and providing enrollment information to the National Student Clearinghouse.</i></p> <p>Should you choose not to provide your SSN/TIN, or if this requirement is not applicable to you, please check the box below indicating that you have been clearly notified that the guidelines listed above requires individuals to furnish this information.</p> <p style="text-align: center;"><input type="checkbox"/> I do not wish to provide my SSN/TIN or it is not applicable to me</p>

SIGNATURE
<p>After completing this form, sign below and submit it through one of three options:</p> <ol style="list-style-type: none"> 1. Upload at http://registrar.rice.edu/students/vs_upload/ 2. Return it (in person) to Office of the Registrar, 116 Allen Center 3. Fax to 713-348-5921 <p>Student Signature: _____ Date: _____</p>