



COLLEGE of
**SOUTHERN
MARYLAND**

8730 Mitchell Road, P.O. Box 910, La Plata, Maryland 20646

Fax – 301.539.4791 Email - askme@csmd.edu

Student ID Number Request form

Name: _____
Last First MI

Last four digits of Social Security Number: _____

Birth Date: ____/____/____

Please select one of the following options:

☐

Please mail my student ID number to address on file

☐

Please email my student ID number to email address on file

SIGNATURE

I authorize the College of Southern Maryland (CSM) to send me my CSM Student ID number via the method that I have selected above. I understand that my email address will be used to send me official college communication.

Signature _____ Date: ____/____/____