

Request for Access to Patriot Web

* NAN	4E.		items marked w	vith * are required	
NAI!	First	Middle	Last	Suffix	
CURRENT ADDRES					
	Street		Apt.#		
	City	State	ZIP		
FORMER/MAIDEN N	AME:				
ACULTY/STAFF/STU	JDENT ID: (G NUM	BER)			
DATE OF BIRTH:	/ MM/DD				
		WORKED AT MASON:			
ALTERNATE EMAIL A note: if an email address is p	ADDRESS:	ified via email of how to acces	s your account.		
DAYTIME PHONE:					
		IT CLAIM CODE HERE: ice — you will use it later as o		our account.	
ubmitted within is correct an applicable federal, state, and University computing systems computing resources and Ge	nd accurate. In addition, I George Mason Universit s. Failure to comply with orge Mason University m	cument, I am the person I clain acknowledge and understand y policies, procedures, and regul such policies, procedures, and r ay seek legal remedies. Further ds and that I will not share or o	that I am required to com lations regarding the use of regulations may result in of more, I agree that I will o	nply with all of George Masor I loss of access to nly access those	
CERTIFY THAT I HA	VE READ THE ABO	OVE AND AGREE TO IT.			
SIGNATURE			* DATE		
Note: Students who have	requested their records b	e coded "Private" must make their request in person with a photo ID.			
MASON ID, DRIVERS			•	pport Cente son Universit rive. MSN 5D.	

Please retain a copy of this form for your records.

Fairfax, VA 22030

Fax: (703) 993-3347