Requesting Your Student Identification Number (SID) From North Seattle College

REQUIRED INFORMATION

Last Name _____ First Name _____

Previous Name (if applicable) _____

Date of Birth (MMDDYY) _____ Last 4 Digits of SSN _____

Current Email Address _____

COMPLETE QUESTIONNAIRE Answer as many of the following questions as possible. Return the form to
ARRC@seattlecolleges.edu

DATES OF ATTENDANCE: _____

If you are requesting an SID for transcripts older than 1980 please call 206-934-3663 to speak with an ARRC staff member

CLASSES TAKEN: Please list at least 1 and up to 3:

1. _____ 2. _____ 3. _____

DID YOU RECEIVE A DEGREE FROM NSC? ☐ NO ☐ YES

If yes, please list the name(s):_____

DID YOU RECEIVE YOUR HIGH SCHOOL DIPLOMA? ☐ NO ☐ YES

If yes, please list where and what year: _____

PLEASE LIST ANY COLLEGES YOU ATTENDED PRIOR TO NSC:

1. _____ 2. _____ 3. _____

STUDENT PIN Your pin will be reset to your date of birth in this format: MMDDYY

RETURN THIS FORM in one of the following ways listed below:

1. By email to **ARRC@seattlecolleges.edu** (Please allow up to 48 hours to process)
2. In person at the front counter of Admissions and Registration (photo ID required)
3. By mail to:
   North Seattle College
   ARRC Office
   9600 College Way N
   Seattle, WA 98103

SIGNATURE By signing here I am verifying that the information above is accurate

_____

(please type or sign your full name)