

OFFICE OF RECORDS AND REGISTRATION
720 4th AVENUE SOUTH, AS 118
ST. CLOUD, MINNESOTA 56301-4498
PHONE: (320)308-2111
registrar@stcloudstate.edu

REQUEST FOR SCSU ID/Tech ID

Please email my SCSU ID # as I am not able to log into e-Services.

Last 4 digits of SSN # _____ Today's Date _____
Month Day Year

Update my email address: _____
Please Print

Name _____
First Middle Last Previous (If applicable)

Phone #: _____ Date of Birth: _____

By checking this box, you consent to use electronic signatures rather than paper documents

SIGNATURE OF STUDENT _____ (REQUIRED)

If you do not have an electronic/digital signature you will need to print, sign, and email it back as an attachment.

Please email completed and signed form to registrar@stcloudstate.edu