



STUDENT MYVU INFORMATION REQUEST FORM

Please send me my username and password for the MyVU website and my Vincennes University student ID number if I do not list it below.

Print Name: _____
Last First Middle Initial Maiden

Address: _____

City: _____ State: _____ Zip code: _____

Social Security Number(Optional): _____ - _____ - _____

VU student ID: A _____

High School _____
School Name City

Student signature (required): _____ Date: _____

Complete the above information and fax this request form to the Registrar's Office at 812-888-4380.