**MYVU INFORMATION REQUEST**

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_____

Student signature (required): _____ Date: _____

Complete the above information and fax this request form **no later than May 9, 2008** to the Registrar's Office at: **812-888-4380**