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Name (Last Name, First Name Middle Name)

Street Address

Birthdate

By typing my name below, I hereby certify that to the best of my knowledge, the information furnished above is true and complete.

Applicant Signature

Date

Email complete form to:

Undergraduate Applicants:

apply@colorado.edu

Subject Line: Birthdate Request Form

Graduate School Applicants:

gradprocessing@colorado.edu

Subject Line: Birthdate Request Form

Or

Mail complete form to:

Undergraduate Applicants:

University of Colorado Boulder

Office of Admissions

552 UCB

Boulder, CO 80309-0552

Graduate School Applicants:

University of Colorado Boulder

Graduate Admissions

553 UCB

Boulder, CO 80309-0553