



Name (Last Name, First Name Middle Name)

Birthdate

Please indicate your social security number below and return this form to us.

My social security number is: _____

Applicant Signature

Date

Mail this 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 80309-0552

For security reasons, please mail this form to one of the addresses above.
Do not submit social security information via email.