



Security Request – User Information Collection Form

Please ensure the **Legal Name** and **Identification Validation Information** sections are complete before returning this form. Your UH network access can not be granted without this information.

Legal Name

Last Name _____
First Name _____
Middle Name _____

Position Information

Title _____
Department _____
Work Location _____

Identification Validation Information

Mother's Maiden Name _____
Favorite Color _____
Place of Birth _____
SSN (Last 4 Digits) _____

Please fill out and return this form as soon as possible.