

College of Dentistry
National Dental Practice Based Research Network
Department of Restorative Dental Sciences
Health Science Center

P.O. Box 100415
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(352) 273-5836
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Thursday, July 25, 2013

Dear Colleague:

To obtain your University of Florida Identification Number we need the following information. This information will be used only to generate a UF ID number for you. Please fax this form to (352)-273-7970. We will send you the number as soon as it is generated as well as the details on further training requirements. Thank you for your cooperation and we look forward to your participation in the network.

Please print legibly (you may use an address sticker)

Name _____
(As it appears on your Social Security Card)

Address _____

City _____

State _____ Zip _____ Phone _____

County _____ (Florida residents only)

Are you a US Citizen? Yes _____ No _____

(If the answer is no please call Brenda Thacker at 352-273-5836 for other paperwork)

Male _____ Female _____

Social Security Number _____ - _____ - _____

Date of Birth _____/_____/_____

Were you ever a Student for the University of Florida?

Yes _____ No _____

Were you ever a Faculty, Staff or an OPS employee for the University of Florida?

Yes _____ No _____