

# Student Group CCID Registration Form

Please fill out the fields below, e-mail the completed form to **ist@ualberta.ca**.  
All requests will be forwarded to the Students Union coordinator for approval.

Information for the main student contact:

The main student contact for the group must be a full time registered student.

**First and Last Name:**

**CCID:**

**Student ID Number:**

**Official registered name of Student Group:**

**CCID Requested** (maximum 8 characters):

I agree to remain in compliance with the University of Alberta IT Use and Management Policy.

**Requests take 1 – 2 business days to process, the new CCID will be sent to the ualberta email address of the fulltime student contact.**