

Universität Bonn

**Hochschulrechenzentrum
Identity Management
Wegelerstr. 6
53115 Bonn**

Inquiry Application

Last Name:
First name:.....
Uni-ID:
Matriculation-No.:
Telephone or E-Mail for queries:
Department number.: Department stamp:
Institution:

You will receive the written response at your office postal address (staff) or the private postal address (all others). The data will be retrieved from our database!
For comparison, please fill in the address fields!

Street:
Zip Code, City:

Requested user information:

- Password (in this case a new password will be created)
- Uni-ID

Please fill in the form and send it to us by mail or by fax (0228-73 3487) **with signature and stamp of the respective Institute** (staff) or **a copy of the driver's license** (all others).

Incomplete applications will not be processed!

Date:

Signature: