

George Mason University
Affiliate Photo ID Form

Name: _____ SSN: _____ ***
(Last) (First) (MI)

Address: _____

Phone #: _____

Email: _____

Date of Birth: _____

Gender (circle one): Male Female

Citizenship (circle one): US Citizen Permanent Resident Non-Immigrant

Ethnicity (circle one): Asian/Pacific Islander Black (not of Hispanic Origin)
Hispanic Native American/Alaskan Caucasian

***George Mason will not process an Affiliate Identification without a Social Security #.

Please return this form OLLI
4210 Roberts Road
Fairfax, VA 22032

Office Use Only:

Date Received: _____
G# _____
Trans. # _____
Expiration Date: _____