



## W-2/1095-C Request Form

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Form Requested (W-2, 1095-C, Other): \_\_\_\_\_

Year(s) Requesting: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Last 4 of Social Security Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address for form to be sent: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Return to:

Trent Meyer  
UND Human Resources  
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Grand Forks, ND 58202-7127

Fax: 701:777-4721

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