



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:

Devona Janousek

UND Human Resources

364 Centennial Dr., Stop 7127

Grand Forks, ND 58202-7127

Fax: 701:777-4721

Email: devona.janousek@und.edu