



**Stony Brook
University**

**Request for
SOLAR Login Information**

You will receive your information within one business day.

NAME: _____
(First) (Last) (Maiden)

Date of Birth: _____

Years Attended: _____

Major Declared/Program Attended: _____

Degree Earned & Year (If applicable): _____

Home Address when you attended Stony Brook:

Current Daytime Phone: _____

Please provide a return fax number below, where your information will be sent.

This secure information cannot be provided over the phone or via email.

You will receive your Stony Brook ID Number and temporary password to access the SOLAR System within one business day.

Fax #: _____

By signing below, I agree that all information I have provided is correct and accurate to the best of my knowledge.

Signature

Date

Submit via mail or fax to The Registrar's Office

Stony Brook University; Registrar's Office; Stony Brook Union, Suite 206 Stony Brook, NY 11794-3221

Phone: 631-632-6175

Fax: 631-632-2531