Office of Residence Life
Student Information Form

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>ID #</th>
</tr>
</thead>
</table>

Permanent Address

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

Cell Phone Number | Date of Birth |

Home Phone Number | Email (Personal/School) |

Parent (s)/Guardian Name

Address

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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Cell Phone Number | Home Phone Number |

Email

Emergency Contacts

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Relationship</th>
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