

# Personal Data Sheet

Use the back when more space is necessary. PLEASE PRINT.

Spring 2008

Name: \_\_\_\_\_ Room Number: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Year of Expected Graduation: \_\_\_\_\_ Class Status: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(street) (city) (state) (zip)

Mobile Phone / Pager #: \_\_\_\_\_ Home Telephone # \_\_\_\_\_

Your E-Mail Address: \_\_\_\_\_

In Case of Emergency, who can we notify (legal guardian)?

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

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

Telephone: \_\_\_\_\_

day

night

mobile / pager

## Medical

Do you have any medical, physical, chronic illness, or any other condition of which the staff should be aware?  
Are there specific procedures, etc. that the staff should be alerted to? Please specify in detail. \_\_\_\_\_

---

---

---

---

Are you currently taking, on a regular basis, any perscription medication? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, perscription name & dosage: \_\_\_\_\_

Do you suffer from allergies or allergic reactions? Please Specify: \_\_\_\_\_

---

## Academic / Work

Would you be willing to act as a volunteer tutor for other students living in your hall who need help from time to time?

Yes \_\_\_\_\_ No \_\_\_\_\_ If so, what subjects? \_\_\_\_\_

Which extra curricular activities and/or athletic sports are you involved in? \_\_\_\_\_