

**Resident Information Form**

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

Residence Hall  
& Room Number: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

**Medical Emergency Information**

Medical History: \_\_\_\_\_  
\_\_\_\_\_

Medicines/Allergies: \_\_\_\_\_  
\_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Emergency Notification**

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

Phone #: \_\_\_\_\_ Work/Cell: \_\_\_\_\_

If the above named person is not available, then who should we contact?

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

Home Phone: \_\_\_\_\_ Work/Cell: \_\_\_\_\_

**Valuable Item Control Card**

Items	Serial Number	Brand	Color/Distinctive Marks

Use back if needed