

## Student Biographical Information Form

Please PRINT clearly or type

Entering: \_\_\_\_\_, \_\_\_\_\_ Full-time  Part-time  Student ID: N \_\_\_\_\_  
Semester (Fall, Spring) Year

Name: \_\_\_\_\_, \_\_\_\_\_  
Last First MI

DOB: \_\_\_\_-\_\_\_\_-\_\_\_\_ Gender: Male  Female  Marital Status: Married  Single  Other

Phone Nos. (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
(day) (evening)

E-mail Address: \_\_\_\_\_

**LOCAL MAILING ADDRESS** (If you do not have a local address, please leave blank; submit it to the Office of the Registrar as soon as possible after you have obtained it.)

\_\_\_\_\_  
No., Street, Apt. #

\_\_\_\_\_  
City State Zip Code

### PERMANENT MAILING ADDRESS (if different)

\_\_\_\_\_  
No., Street, Apt. #

\_\_\_\_\_  
City State Zip Code

### EMERGENCY CONTACT

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

Phone Nos. (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
No., Street, Apt. #

\_\_\_\_\_  
City State Zip Code

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\* Please submit updates to your email address, mailing address and phone number to the Registrar's Office. \*\***

*Practice Law. Promote Justice. Change Lives.*