

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 Other 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 UDC Law Registrar's Office. ****

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