

**CONTACT INFORMATION**

Today's Date \_\_\_\_\_

Reverified Date \_\_\_\_\_

Reverified Date \_\_\_\_\_

**Name** \_\_\_\_\_ **A#** \_\_\_\_\_  
*Last First MI*

**DOB** \_\_\_\_\_ **Place of Birth** \_\_\_\_\_ **Ethnicity** \_\_\_\_\_  
*Month Day Year*

**Local Address** \_\_\_\_\_  
*Street Apt#*  
\_\_\_\_\_  
*City, State, Zip*

\_\_\_\_\_ Preferred Contact?  Yes  No  
*Cell Phone*

\_\_\_\_\_ Preferred Contact?  Yes  No  
*Home Phone*

Email address: \_\_\_\_\_ Preferred Contact?  Yes  No  
*PRINT CLEARLY*

I prefer email contact. I understand that the confidentiality of information transmitted via email can not be guaranteed. As a state funded college, email is a matter of public record.

\_\_\_\_\_  
*Your Initials*

**Insurance and Primary Care Providers**

Do you have medical insurance?  Yes  No

Name of medical insurance \_\_\_\_\_

Do you have a primary care provider?  Yes  No

If yes, contact info: \_\_\_\_\_  
*Street Apt#*

\_\_\_\_\_

\_\_\_\_\_ *Office Phone Office Fax*

Do you have a dental provider?  Yes  No When last seen? \_\_\_\_\_

**In Case of Emergency, notify:**

**Name** \_\_\_\_\_  
*First Last*

**Relationship** \_\_\_\_\_

**Contact info:** \_\_\_\_\_  
*Street Apt#*

\_\_\_\_\_

\_\_\_\_\_ *Home Phone Cell Phone*