

# Contact Information

Fall Qtr Date \_\_\_\_\_

Winter Qtr Date \_\_\_\_\_

Spring Qtr Date \_\_\_\_\_

Legal Name \_\_\_\_\_  
Last First MI

Name Used \_\_\_\_\_ Pronoun(s) Used \_\_\_\_\_ Student A# \_\_\_\_\_

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Place of Birth \_\_\_\_\_  
Month Day Year

Ethnicity (optional) \_\_\_\_\_

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

WA Resident?  Yes  No

Contact options: Phone  Email  Text  (Cell Provider \_\_\_\_\_)

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

Email address \_\_\_\_\_

*I understand that the confidentiality of information transmitted via email or text cannot be guaranteed. As a state funded college, email or text via computer is a matter of public record.* \_\_\_\_\_  
Initial here

Signature \_\_\_\_\_

**Academic Status** (circle) Fresh Soph Jr Senior Grad Program Number of years at TESC \_\_\_\_\_

Yes  No Access Services  
 Yes  No First Peoples  
 Yes  No Trio Services  
 Yes  No Vet Resource Center (Circle Applicable)  
Active Duty Active Duty Reserve Veteran Dependent or Family

Fall Program \_\_\_\_\_  
Winter Program \_\_\_\_\_  
Spring Program \_\_\_\_\_

**We DO NOT BILL or ACCEPT health insurance at Student Wellness Services. All charges go directly to your student account. We ask the information below to facilitate referrals & care coordination, if needed.**

**Insurance and Primary Care Providers**

Do you have medical insurance?  Yes  No Name of medical insurance \_\_\_\_\_

Do you have a primary care provider (PCP)?  Yes  No (a PCP is the doctor or clinic where you usually or regularly go.)

If yes, contact info \_\_\_\_\_  
Street Suite#  
City, State, Zip  
Office Phone Office Fax

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

Do you have a mental health provider  Yes  No Who & When last seen? \_\_\_\_\_

Do you have a psychiatrist?  Yes  No Who & When last seen? \_\_\_\_\_

**In Case of Emergency, notify:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
First Last

Contact info \_\_\_\_\_  
Street Apt#  
City, State, Zip  
Cell Phone Home Phone