

SHAW UNIVERSITY

Office of Residence Life
P.O. Box 554
Raleigh, North Carolina 27601

ATTACH PHOTO HERE
THIS IS REQUIRED

STUDENT DATA/EMERGENCY CONTACT FORM

Please complete and return along with a Housing Reservation Form

Student Type: New Freshman New Transfer Readmit Returning Graduate

Name _____
LAST FIRST MIDDLE

Permanent Address _____
STREET CITY STATE ZIP

Birthday _____ Age _____ SS# _____ SHAW STUDENT ID# _____

____ Male ____ Female Race _____ Height _____ Weight _____

Home Tel. # _____ Cell # _____ E-mail address _____

FAMILY DATA	Father or Guardian	Mother or Guardian	Husband Wife (if married)
Full Name <small>If deceased, write deceased after name</small>			
Occupation			
Present mailing address			
Present telephone No.			
Present Work No.			

In case of an emergency, please notify:

Name _____

Address _____

Telephone Number _____

What is your relationship with the above named person? _____

Do you have any documented health or medical issues that you wish to tell us about? ___yes ___no. If so please explain _____
