SPRING SEMESTER

Name _____

T#: _____

Hall/Apt.: _____

Signature of Director: _____

Today's Date: _____ Departure Date: _____ FOB#: _____

Tennessee State University
University Housing Information Card

(Please Fill Out Card Completely)

Semester: _____ Academic Year: _____ T#: _____ Date of Birth: _____

Name _____ Age: _____ Sex: _____
Last First Middle

Hall/Apt: _____ Room Number: _____ P.O. Box _____ Cell#: _____

Permanent Address _____
Street City State Zip

Permanent Home Phone Number ( ) _____

In Case of Emergency:

Name(s) of Parent or Guardian(s) _____ Phone Number. ( ) _____

Address _____ City _____ State _____ Zip Code _____

Classification _____ Major _____ Advisor _____

Signature of Director _____

FALL SEMESTER

Name _____

T#: _____

Hall/Apt.: _____

Signature of Director: _____

MEDICAL QUESTIONS

A. Do you have hospitalization insurance? _____ Yes _____ No

Name of Company: _____ Policy No. _____

B. Have you ever had or do you have any of the following:

YES	NO		YES	NO	
____	____	1. Ear Infections	____	____	8. Allergies
____	____	2. Severe Headaches	____	____	9. Diabetes
____	____	3. A serious illness	____	____	10. Convulsions
____	____	4. Do you have asthma?	____	____	11. Ulcers
____	____	5. Tuberculosis	____	____	12. Anemia
____	____	6. Heart Murmur	____	____	13. Hernia
____	____	7. Irregular Heart Beat	____	____	14. Hypertension