



RESIDENT INFORMATION FORM

Mailbox Number

Name:		ID#:		Date:	
Cell Phone:		Email:			
Semester: Summer (10) / Fall (20) / Spring (40) Year:					
Check if received	Housing (Office Items			Date received
	Student I	D			
	\$150.00 Application Fee (non-refundable)				
	Residence Life Housing Contract				
	First Housing Payment				
	Photo ID				
	Verification of Vaccination or Signed Waiver				
	Tuberculosis Form				
	Certificate of Health				
	Shot Records				
	Standards Meal Plan Request				
	Terms & Conditions				
	Room Condition Report				
Item		Item number Notes:			
Room Key					
Laundry Card					
Vehicle Permit					