

Student Profile

CONFIDENTIAL

v.4.17.2020

Florham Campus

Information used solely to provide necessary health care.

STUDENT PROFILE (To be completed by the student in ink)
Name: Male 🗌 Female 🗌
Last First Middle
Student ID: Date of Birth: d d y y y y
Date entering FDU: M M Y Y Y Y Citizenship:
Admission Status: Undergraduate Graduate Internationa Transfer Nursing Athlete
Mailing Address: Street Address City State Zip Code
Home Phone: () Cell Phone: ()E-Mail:
Father's/ Legal Guardian's Name: Phone: ()
Mother's/ Legal Guardian's Name: Phone: ()
Where do you plan to live? Resident (Dorm) Commuter (If commuter, provide the address where you will reside)
Address: Phone: ()
Street Address City State Zip Code cell
PERSON TO CONTACT IN CASE OF EMERGENCY
Name:
Address: Street Address City State Zip Code
Home Phone: () Work Phone: () Cell Phone: ()
AUTHORIZATIONS
Permission for medical care: I authorize Fairleigh Dickinson University Student Health Services to provide medical services. Yes No
To notify the above listed emergency contact, as deemed appropriate. Yes No
Permission for use of e-mail address: To communicate with me through the above listed e-mail address to use my e-mail address. Yes No (the University will never communicate health information through e-mail and we strongly recommend that you don't either) No
Student Signature: Date:
If student is under 18 years of age:
Parent/Guardian Signature: Relationship: Date:
Records are due by: July 15 th for Fall semester, December 15 st for Spring, March 15 th for Summer