



Student Profile

Rev. 11 v3.23.2020

CONFIDENTIAL

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: _____
m m d d y y y y

Date entering FDU: _____ Citizenship: _____
m m y y y y

Admission Status: Undergraduate Graduate International 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: _____ Relationship: _____

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)

Student Signature: _____ Date: _____

If student is under 18 years of age:

Parent/Guardian Signature: _____ Relationship: _____ Date: _____

Records are due by: July 15th for Fall semester, December 15st for Spring, March 15th for Summer