All information you share on this document will be kept confidential

ROOM #: HALL:	F	RESIDENT INFORMATION	CARD		ASU ID#:		
Name	First	Middle		Classifica	tion Fr. So. Jr. Sr. Gd		
Date of Birth/ Prefer t	to be called		ASU Email		@appsta	e.edu	
Permanent AddressStreet		Other Email			@		
City State	Zi	Your Cell Ph	ione Number <u>(</u>)		
Emergency Contact Person Name			Relatio	nship			
Emergency Contact Person Phone # ()		Email			@		
Are there any medical conditions you have of which our	staff should be aware?						
I am interested in learning more about the following: Intramural Teams Hall Council Tutoring Volunteer Opportunities on and off Campus Employment Opportunities on Campus Email Updates about my Residence Hall Email Updates about Upcoming Events Taking P Joining my hall's Facebook Group Receiving Text Messages about Hall Activities Other – Please Specify		good condition. Upon checking	g out, a staff mated in the Reseck-in. Key Code#	ember will idence Hall Date	y Housing and found to be clean nspect your room to ensure it is License Contract that you signed Signature @ Check-out pairs to the room at check-out:	in the same cond	dition arged Date
Missing Persons Information According to the recent update in the Higher Education A required to ask students who they wish the University to become missing. Please list your contact person's inform	call should they					Withdrawal Express Check-	out
Name			'		Date	Improper Chec	k-out
Relationship			Work or	Work orders & charges submitted			Y or N
() @ Phone Number E-mail Address		Inspected by		rk order subr		Card Access	