



STUDENT CONTACT SHEET

If unable to complete electronically, print and complete. Please print neatly.

Use full legal name, no initials. Use "N/A" if anything does not apply to you.

PROGRAM: ☐ Traditional ADN ☒ Bridge ☐ Vocational Nurse

ENTRY TERM: ☐ Fall ☐ Spring ☒ Summer **YEAR:** 2025

| | | |
|-------------------|--------------------|--------------------------------|
| Briery | Paul | Madison |
| Last Name (Legal) | First Name (Legal) | Full Middle Name (no initials) |

| | |
|----------------------|--------------------------|
| Paul | |
| Preferred First Name | Other Legal Name(s) Used |

| | | | | |
|--|--------|-------|-------|----------|
| 114 Willow Dr | | Hutto | TX | 78634 |
| Mailing Address: Street Address or P.O. Box# | Apt. # | City | State | Zip Code |

| | | | | |
|------------------------|-----------------|-----|---------------|---|
| 574621275 | 0284036 | 56 | 12/31/1968 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No* |
| Social Security Number | TC Student ID # | Age | Date of Birth | U.S. Citizen (check one) |

**All VN students are required to attend clinical rotations at the VA hospital. In order to attend clinical at the VA, you must be a US citizen.*

| | |
|------------------------------|------------------------|
| brieryp036 @stu.templejc.edu | pbriery@gmail.com |
| TC Email Address | Personal Email Address |

| | |
|----------------------|------------------------|
| 512-761-7286 | |
| Primary Phone Number | Secondary Phone Number |

| | |
|---|---|
| Do you hold licensure or certification in any of the following health professions? | Are you currently employed by the following? |
| EMT/Paramedic: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Baylor Scott & White? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Allied Health: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If yes, which department? |
| Vocational Nurse: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Veterans Affairs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | If yes, which department? |

IN CASE OF EMERGENCY, NOTIFY (local contacts only):

| | |
|-----------------|----------|
| Kimberly Briery | |
| Name | |
| 114 Willow Dr | |
| Street Address | |
| Hutto | |
| City | |
| TX | 78634 |
| State | Zip Code |
| 512-635-8903 | |
| Phone Number | |

| | |
|----------------|----------|
| | |
| Name | |
| | |
| Street Address | |
| | |
| City | |
| | |
| State | Zip Code |
| | |
| Phone Number | |