

# SHAW UNIVERSITY

Office of Residence Life  
118 East South Street  
Raleigh, North Carolina 27601

ATTACH PHOTO HERE  
**THIS IS REQUIRED**

## STUDENT DATA/EMERGENCY CONTACT FORM

Please complete and return along with a Housing Reservation Form

**Student Type:**  New Freshman  New Transfer  Readmit  Returning  Graduate

Name \_\_\_\_\_  
LAST FIRST MIDDLE

Permanent Address \_\_\_\_\_  
STREET CITY STATE ZIP

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ SS# \_\_\_\_\_ SHAW STUDENT ID# \_\_\_\_\_

\_\_\_\_ Male \_\_\_\_ Female Race \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Home Tel. # \_\_\_\_\_ Cell # \_\_\_\_\_ E-mail address \_\_\_\_\_

FAMILY DATA	Father or Guardian	Mother or Guardian	Husband Wife (if married)
Full Name <small>If deceased, write deceased after name</small>			
Occupation			
Present mailing address			
Present telephone No.			
Present Work No.			

### In case of an emergency, please notify:

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

What is your relationship with the above named person? \_\_\_\_\_

Do you have any documented health or medical issues that you wish to tell us about?  yes  no. If so please explain \_\_\_\_\_