

## Student Information Form

Please print legibly:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Preferred First Name: \_\_\_\_\_

T-shirt size: \_\_\_\_\_

Student Cell Phone # \_\_\_\_\_

Father Name: \_\_\_\_\_

Mother Name: \_\_\_\_\_

1<sup>st</sup> Preferred Contact:

Name: \_\_\_\_\_ Number: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Alt. Number: \_\_\_\_\_

2<sup>nd</sup> Preferred Contact:

Name: \_\_\_\_\_ Number: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Alt. Number: \_\_\_\_\_

3<sup>rd</sup> Preferred Contact:

Name: \_\_\_\_\_ Number: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Alt. Number: \_\_\_\_\_

Names of adults authorized to check-out the student named above. Names can be added to this list at a later date by emailing [ags@atu.edu](mailto:ags@atu.edu).

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

Please list any medical, psychological, or emotional conditions of which the AGS Office should be aware.

Please describe any housing considerations of which the AGS Office should be aware.

Please list any contact allergies, food allergies, medical allergies or any other type of allergy.

Please indicate any dietary restrictions.

Please describe any physical conditions about which you think the AGS Office should be aware, including any restrictions on physical activity.

Arkansas Tech University is committed to providing equal educational opportunities to students with disabilities. To request housing and/or academic accommodations, please contact the Office of Disability Services: Phone: (479) 968-0302; TTY Services: (479) 964-3290; Email: [disabilities@atu.edu](mailto:disabilities@atu.edu).