

Student Personal Information Form

► Required of all students

Please print or type.

DEADLINE: June 15, 2009

Questions?
440-775-8450 or
registrar@oberlin.edu

Return to:
Oberlin College
Office of the Registrar
Carnegie Building 124
52 W. Lorain St.
Oberlin, OH 44074

Or fax to: 440-775-8800

The information you provide on this form will be stored in your student record and used to contact you and or your parents when necessary.

Print legibly and give your complete name and Oberlin College T Number (found on the cover of this book).

Although you provided some of this information during the admissions process, please provide it again so that we have the most current information in our records. You will be asked to verify this information each year that you are a student at Oberlin.

Types of Parent/Guardian Relationships

■ **Joint Custody:** If your parents share custody but live at different addresses, we can arrange for both to receive important mailings. Check the appropriate box on the form.

■ **Non-Custodial Parent:** If you have a non-custodial parent or guardian, you can indicate this relationship on the form and the information will be maintained in your student record. Mailings normally are sent to custodial parents only; however, there are occasions when announcements are sent to both custodial and non-custodial parents.

Types of Addresses and Their Uses

■ **Permanent mailing address:** This is the address to which we would mail correspondence to you when you are not on

campus. If someone requests your permanent mailing address, it will be shared unless you ask us to suppress the information. When you arrive on campus, we will provide information about record privacy and give you an opportunity to restrict access to your information.

■ **Parent/Guardian Address:** This is a mailing address for your mother, father, or guardian(s).

■ **Billing Address:** Generally, your billing address is the same as your permanent mailing address. Complete this information only if you want bills sent to an address other than your permanent mailing address.

■ **Emergency Contact Address:** In most cases, your emergency contact will be a parent or guardian, but you may also designate another family member or friend as your emergency contact. In case of an emergency, we would first try to contact the parent or guardian you have listed. If we are unable to reach that person, we would attempt to reach your emergency contact. If your emergency contact address is one of your parents or guardians, you can check the appropriate box and avoid duplicating the information in this area.

■ **Joint Custody Address:** See the section above on parent/guardian address.

■ **Non-Custodial Parent Address:** See the section above on parent/guardian address.

Personal Data

Name:

T Number (see cover of this book):

First Middle Last

Permanent Mailing Address:

Telephone:

Number and Street

(Country/Area Code) Number

City State Zip Country

Mother's Information

Name:

First Middle Last

Address:

Number and Street

City State Zip

Country

Telephone:

(Country/Area Code) Number

If applicable, non-custodial parent name:

Father's Information

Name:

First Middle Last

Address:

Number and Street

City State Zip

Country

Telephone:

(Country/Area Code) Number

Check here if parents have joint custody but live at different addresses.

(Please complete reverse side.)

Student Personal Information Form *(continued)*

Name:

T Number:

First_____
Middle_____
Last

Billing Address

The default billing address is your permanent mailing address. Please complete this section only if you want bills mailed to an address other than your permanent mailing address.

Name:

First_____
Middle_____
Last

Address:

Number and Street_____
City_____
State_____
Zip_____
Country

Emergency Contact Information

If your emergency contact is one of your parents, please check the appropriate box.

Check here if your emergency contact is your mother listed on the reverse side of this form. If the contact information is the same, you need not duplicate it here.

Check here if your emergency contact is your father listed on the reverse side of this form. If the contact information is the same, you need not duplicate it here.

Name of emergency contact:

First_____
Middle_____
Last

If this is not a parent, please indicate your relationship:

friend brother sister guardian neighbor

other relative _____

Address:

Number and Street_____
City_____
State_____
Zip_____
Country

Telephone:

(Country/Area Code) Number