



## Student Residence Application

Legal First Name: \_\_\_\_\_  
Legal Middle Name: \_\_\_\_\_  
Legal Last Name: \_\_\_\_\_  
Nickname: \_\_\_\_\_  
Age: \_\_\_\_\_

Cell Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

Providing the following information is interpreted as authorization to conduct a background search.

Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Social Security #: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
How long have you lived in Colorado? \_\_\_\_\_

### PREVIOUS MAILING ADDRESS

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### REFERENCES (ONLY ONE MAY BE A FAMILY MEMBER)

Name/Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone #1: \_\_\_\_\_ #2: \_\_\_\_\_

Name/Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #1: \_\_\_\_\_ #2: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Name/Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #1: \_\_\_\_\_ #2: \_\_\_\_\_

**PERSONAL MEDICAL INFORMATION**

Are there any allergies you have that we should know about?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any medical conditions we should know about?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any medications you are taking that we should know about?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_