



RESIDENT INFORMATION FORM

Personal Contact Information

LAST NAME

FIRST NAME

MIDDLE INITIAL

UST ID#

DATE OF BIRTH (mm/dd/yyyy)

CELL PHONE #

RESIDENCE HALL BUILDING & ROOM #

UST EMAIL

PERSONAL EMAIL

Delivery Release

By attaching his/her signature to the Delivery Release section, the undersigned agrees to the following:

1. To collect all deliveries within 24-hours of receipt of notice from the desk.
2. To refrain from holding the University, the Office of Residence Life, or staff-signee accountable/responsible for damage to or theft of property delivered in their name.
3. To **NOT** have the following items delivered to the residence halls...
 - Packages weighing more than 50lbs
 - Pornographic items
 - Live animals
 - Items not available for sale in the United States of America
 - Weapons, fireworks, or flammable products
 - Alcohol, Drugs or Drug Paraphilia
 - Magazines or other material that is sexist, racist or bigoted
 - Collect on Delivery (C.O.D.) packages
 - Prepared food (i.e. pizza deliveries, or food from mom)
 - Personal Medication or items (backpacks or purses with personal items inside)
 - Non-professional deliveries of questionable items or undisclosed contents

Resident Signature

Date

Emergency Evacuation

In the case of a mandatory evacuation for all residents, it is necessary for all students to arrange an evacuation plan away from campus. This includes securing a location away from UST and an Evacuation Buddy. Please complete the following section and contact our office if the information provided changes throughout the year.

In the event of a mandatory university closure, please continue to check the UST homepage and your ENS messages for updates on reopening.

Each resident is required to have an Evacuation Buddy. An Evacuation Buddy by default is your current roommate. Please make sure that you and your roommate share phone numbers (cell & home), and other contact information during the first week of school. If you do not have a roommate, it is your responsibility to locate a resident to serve as your Evacuation Buddy within two weeks of your official move into the halls.

My Residence Life Buddy is: _____

My Evacuation Location Information:

Address: _____

City/State and Zip Code: _____

Phone#: _____

Medical Release

By providing the following information, and signing this section, I give permission for the following contents to be released confidentially to UST personnel, as appropriate. I understand that by providing my personal medical information does not guarantee that I will receive specific medical responses or treatment but will assist the University in understanding my physical health.

In the event that my medication and/or medical status changes, I agree to immediately update the Medical Release section with the Office of Residence Life.

Resident Signature _____ Date _____

Parent/Guardian (if under 18 years of age) _____ Date _____

Do you have any medical conditions? YES NO

If YES:

Medical Condition(s) _____

Symptoms that may indicate unstable medical status: _____

Best method of assistance: _____

Current Medications: _____

Known Allergies: _____

Other instructions: _____

Healthcare Provider Information:

Treating Physician's Name and Phone # _____

Health Insurance Provider and Policy Number: _____

Parent/Guardian Information: Name _____ Relation _____

Phone #: Cell _____ Home _____

Address _____

Second Family Member or Friend to contact: Name _____ Cell _____