



Resident Information Sheet

Personal Contact Information

NAME (FIRST, MIDDLE, LAST)

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:

- All mail and packages should be addressed to Guinan Hall; 1303 Sulross, Houston TX 77006, regardless of the resident's hall assignment. No mail will be delivered if addressed to Young Hall, Clare Hall, Grad Housing or the UST Townhomes**
- To collect all deliveries within 24-hours of receipt of notice from the desk.
- 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.
- 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. 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.

My Evacuation Location Information:

Address: _____

Phone#: _____

If out of state or international and do not have an evacuation location, please provide a contact who will be responsible to help you with your evacuation plans.

Contact Name: _____ Contact Number: _____

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

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 _____

If YES:

Medical Condition(s) _____

Symptoms that may indicate unstable medical status: _____

Best method of assistance: _____

Current Medications: _____

Known Allergies: _____

Other instructions: _____