

# Student Information- SSD

CONFIDENTIALITY STATEMENTS: All requested medical documentation is maintained as confidential. Information will not be released except pursuant to court order, subpoena, or by written authorization.

**Please Print Clearly**

**Name:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_  
Last First Middle Initial

**Mailing Address:** \_\_\_\_\_  
Street City State Zip

**Email:** \_\_\_\_\_ **Referral Source:** \_\_\_\_\_

**Local Phone:** (\_\_\_\_) \_\_\_\_\_ **Permanent Phone** (\_\_\_\_) \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Sex:** ( ) Male ( ) Female **Marital Status:** ( ) Single ( ) Married

**Please Check One:**

**Race:** ( ) Caucasian ( ) African American ( ) Hispanic ( ) Native American ( ) Other: \_\_\_\_\_

**Living With:** ( ) Parents ( ) Spouse ( ) Other Family ( ) Roommate ( ) Alone

**Income Source:** ( ) Parents ( ) SSI ( ) Working ( ) VR/LRS ( ) Financial Aide ( ) Other: \_\_\_\_\_

**Classification:** ( ) Freshman ( ) Sophomore ( ) Junior ( ) Senior **Academic Status:** ( ) Good ( ) Probation ( ) Suspension

**Highest Grade Level Completed:** \_\_\_\_\_

**Major:** \_\_\_\_\_ **Current Semester Hours:** \_\_\_\_\_ **ACT Score:** \_\_\_\_\_

**Parental Information:**

**Father's Information:**

Name \_\_\_\_\_

Occupation \_\_\_\_\_

Income \_\_\_\_\_

Level of Education: ( ) High School

( ) Bachelor's ( ) Master's ( ) Doctorate

**Mother's Information:**

Name \_\_\_\_\_

Occupation \_\_\_\_\_

Income \_\_\_\_\_

Level of Education: ( ) High School

( ) Bachelor's ( ) Master's ( ) Doctorate

**IN CASE OF EMERGENCY NOTIFY:**

**Name:** \_\_\_\_\_

**Phone Number (current):** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

I declare that the information reported on the application is to the best of my knowledge and believe it is true, correct, and complete.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**