



Campus Contact Information

STUDENT:

Fill out the form below to keep a record of important information to have on hand while you're away at college.

STUDENT/CAMPUS INFORMATION:

Name of Student: _____

Name of College/University: _____

Address of College/University: _____

Address at school: _____

Address 2: _____

City, State, Zip: _____

Cell phone: _____

Health Insurance Company: _____

Health Insurance Company Phone: _____

Health Insurance Policy Number: _____

Primary Care Physician Name/Phone: _____

IMPORTANT CAMPUS CONTACT NUMBERS:

Residential Advisor's Name & Phone: _____

Resident Director's Name & Phone: _____

Roommate's Name & Phone: _____

Roommate's Name & Phone: _____

Student Life/Student Affairs Phone: _____

Counseling Center Phone: _____

Health Center Phone: _____

Campus Security/Police Phone: _____

Campus Emergency Number: _____

Local Police Phone Number: _____

Local Fire Phone Number: _____

Local EMS Phone: _____