

RESIDENT INFORMATION SHEET

Academic Class Status: SO JR SR
(for the 2012/2013 academic year)

APT #: _____

Property:
(circle one)

1030 W. Wood St.

1135 W. Wood St.

Length of Lease:
(circle one)

Fall
Spring

Summer
Fall
Spring

Summer

Fall
Only

Spring
Only

Submit copy of MILLIKIN ID or DRIVERS LICENSE or STATE ID CARD

Name: _____ **MU ID#** _____

Permanent Address: _____

City: _____ **State:** _____ **Zip:** _____

Cell Phone #: _____ **Birthdate:** _____

DL#: _____ **SS#:** _____ - _____ - _____

Parent/Guardian Name: _____

Home Phone #: _____ **Work Phone #:** _____

Parents Email: _____

(Survey Purposes Only)

Will you be receiving Financial Aid? YES NO

Will you need parking? YES NO

Are you a member of a Millikin sports team? YES NO _____
if yes, which sport(s)?

Are you a member of a fraternity/sorority? YES NO _____
if yes, which one?

What is your major? _____

By signing this agreement, I authorize Millikin University to release information to The Woods at Millikin concerning my financial, academic and/or personal information for the upcoming year.

Signature: _____ **Date:** _____