



RESIDENT INFORMATION SHEET

Academic Class Status: SO JR SR APT #: _____
(2016/2017 academic year)

Property: 1030 W. Wood St. 1135 W. Wood St.
(Circle one)

Length of Lease: Fall Spring Summer Fall Spring Summer Fall Only Spring Only
(circle one)

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#: _____ - _____ - _____

Email: _____

Parent/Guardian Name: _____

Home Phone #: _____ Work Phone #: _____

(Survey Purposes Only)

Will you be receiving Financial Aid? YES NO

Are you interested in having an International Roommate? 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: _____