

THE woods at Millikin

RESIDENT INFORMATION SHEET

Academic Class Status: SO JR SR **APT #:** _____
(2025/2026 academic year)

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

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

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

Name: _____ **MU ID#** _____

Dorm Address or Woods Address: _____

Permanent Address: _____

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

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

SS#: _____ - _____ - _____

Millikin Email: _____

CANNOT BE LESSEE'S INFORMATION

Parent/Guardian Name: _____ **Email:** _____

Cell Phone #: _____

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:** _____