

THE woods at Millikin

RESIDENT INFORMATION SHEET

Academic Class Status: SO JR SR
(2020/2021 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

Senior Package
A B C D

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

Name: _____ **MU ID#** _____

Current Campus Address: _____

Permanent Address: _____

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

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

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

Millikin Email : _____

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

Home 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:** _____