

TUSKEGEE UNIVERSITY
Office of the Registrar

STUDENT DATA FORM

Date

Student ID

SSN Last 4-Digits

Classification

Name: Last | First | MI

PERMANENT ADDRESS

Address | City | State | Zip

BILLING ADDRESS

Address | City | State | Zip

UNIVERSITY ADDRESS

Address | City | State | Zip

Home Phone | Cell Phone

Email Address

EMERGENCY CONTACT INFORMATION

Name: Last | First | MI

Relationship [Ex. Parent]

Home Phone | Cell Phone

Student Signature | Date

SAVE THE DOCUMENT IN YOUR NAME AND EMAIL AS AN ATTACHMENT: registrar@tuskegee.edu

REGISTRAR'S USE ONLY: Date Received/Posted | Staff Initial