



Student Information Sheet

Last Name:	First Name:	Middle Name:
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Stanford ID #:	SS# (only if Stanford ID not available):
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Local Address:		
City:	State:	Zip Code:

Permanent Address:	
City:	State:
Country:	Postal Code:

Telephone #:	Telephone #:
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Email Address:

Are you related to anyone in the unit or department?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Registered Student for Quarter(s): <input type="checkbox"/> No if <input type="checkbox"/> Yes, then please specify: <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer
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US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No Have a valid social security number: <input type="checkbox"/> Yes <input type="checkbox"/> No
