CONTACT INFORMATION FORM
GEORGIA SOUTHERN UNIVERSITY
SCHOOL OF NURSING

THIS FORM MUST BE COMPLETED PRIOR TO BEGINNING NURSING SCHOOL & THEN AT LEAST EVERY SEMESTER, OR MORE OFTEN, IF ANYTHING CHANGES. IT IS THE STUDENT'S RESPONSIBILITY TO UPDATE PERSONAL INFORMATION AS NECESSARY.

Date: _____ **Eagle ID:** _____

Name: _____
Last **First** **Middle**

Date of Birth _____

Race/Ethnic Identification: _____ **Gender** _____

LOCAL ADDRESS: _____

Local Telephone Number: _____**P.O. Box:** _____

Preferred Mailing Address: _____
(This is where the School of Nursing will send mailouts)

_____

Emergency contact:

Name of Parent/ Spouse/Other: _____

Address: _____
Contact Numbers: (Cell) _____ **(Home)** _____

Summer Contact Information: Address: _____
Phone No.: _____
GSU Email: _____

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