EAST TEXAS BAPTIST UNIVERSITY
STUDENT INFORMATION FORM

Please complete this form and return it to the Office of the Registrar for initial data entry or update of your records.

Personal Information - Section I

Today's Date:___/____/_____

Name:_____ Suffix(Jr., Sr., II, etc.):_____ Nickname: _____
Last First MI
Social Security Number: _____ - ____-_____ E-Mail Address:_____
Marital Status (Please circle one): S M D W Maiden Name (If Applicable):_____
Permanent Address:_____
Street Apt. # City State Zip
Phone:_____ _____ _____ County of Permanent Residence:_____ Country of Permanent Residence:_____

Please Circle Ethnic Background(Used for Reporting Purposes Only):
1 -American Indian/Alaskan Native 2 -Black(Non-Hispanic) 3 -Hispanic
4 -Caucasian (Non-Hispanic) 5 -Asian/Pacific Islander 6 -Non-Resident Alien

Please Circle Religion:
AG- Assembly of God BA-Baptist CA-Catholic CC-Church of Christ
EP- Episcopalian IS- Islamic JW- Jewish LU-Lutheran
ME- Methodist MO-Mormon NA-Nazarene PN-Presbyterian
OT-Other ND-Nondenominational NO-None

Do you plan on entering some form of the ministry (Circle one) ? Yes No If "Yes," what ministry?_____
Hometown Newspaper (Please provide this):_____ in _____
City State Zip

Billing and Emergency Information - Section II

Billing Information (To whom should your bill be sent?) : Name:_____
Last First MI
Address:_____
Street Apt. # City State Zip

Emergency Contact Information: __Parent __Guardian __Spouse Please Circle one title: Mr. Mrs. Mr.&Mrs. Ms.

Name:_____ Suffix(Jr., Sr., II, etc.):_____
Last First MI
Contact Address: _____
Street Apt. # City State Zip
Emergency Numbers: Home Phone:_____ _____ _____ Work Phone:_____ _____
_____

Section III

ETBU/Local Address: Residence Hall/Room_____ Campus Box_____

If Off-Campus:_____
Street Apt. # City State Zip
Phone:_____ _____ _____

If applicable, please complete the Temporary Address Information Below:

Other Address (Temporary, i.e. summer, May-Term, etc.) Beginning Date__/____/____ Ending Date__/__/_____
Street Apt. # City State Zip
Phone:_____ _____ _____

Notes/Instructions:_____

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