



Submit changes on a new form to the Registrar. Forms are located at <http://www.cnsu.edu/about/registrar/registrar-services>.

**STUDENT INFORMATION** Save this PDF to your computer, open using [Adobe Reader](#), complete, print, sign and submit to the Registrar.

Name: \_\_\_\_\_  
*Last* *First* *Middle*

Student ID #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ College (*check one*):  COP  COM  CHS Class of: \_\_\_\_\_

Sex (M/F/Other): \_\_\_\_\_ Primary Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION** You must list at least two English-speaking contacts.

**Primary Contact's Name:** \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

**Secondary Contact's Name:** \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

**Alternative Contact's Name:** \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

**MEDICAL INFORMATION**

Hospital/Clinic Preference: \_\_\_\_\_

Physician's Name (opt.): \_\_\_\_\_ Physician's Phone No. (opt.): \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Allergies/Special Health Considerations (attach separate sheet if necessary):

**AUTHORIZATION** Select one option and sign. Please note that typed signatures will not be accepted.

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics and waive my right to informed consent of treatment. This waiver applies only in the event no party listed in the emergency contact information can be reached in the case of an emergency.

**Or...**

I do NOT authorize any medical or surgical treatment, X-ray, laboratory, anesthesia or other medical and/or hospital procedures in the event that no party listed in the emergency contact information can be reached.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_