

**Personal Data/Goucher College Registration Form
2009 Fall**

Name: _____ **ID Number:** _____

**Please complete, correct, and confirm all information below.
This signed form must be returned to the SAS office.**

Date of Birth: _____

Class Level: _____

Gender: _____

Commuter/Resident: _____

Ethnicity: _____

(1=African American, 2=American Indian, 3=Asian, 4=Hispanic, 5=White, 7=Other)

Major

Expected Graduation

Advisor

Permanent Address:

Day Phone: _____

Cell Phone: _____

Evening Phone: _____

Email Address: _____

Do you receive veteran's benefits? ____Yes ____ No

Individuals Designated to Receive Bills:

Parent Information on File:

Name:

Name:

Address:

Address:

Day Phone:

Day Phone:

Evening Phone:

Evening Phone:

Signature: _____

Date: _____