

Truman State University Resident Data Card

Name (last, first) _____ Student ID # _____

Soc. Sec. # _____ Campus Address _____

Cell Phone #: _____ Date of Birth _____

Medical Information

Please mark all that apply

I wear contacts I have allergies I have epilepsy I am diabetic I have asthma I have medical insurance

Insurance Company and Policy Number: _____

I am on the following medication(s): _____

Other important medical information: _____

Emergency Information

In case of an emergency, contact:

Name _____ Relation _____ Home Phone _____

Address _____ Work Phone _____

City _____ State _____ Cell Phone _____

By completing this form, you have granted consent for us to use your information for emergency purposes.

This information is kept private. Thank You.

Truman State University Resident Missing Persons Emergency Contact Information

Name (last, first) _____ Student ID # _____

Campus Address _____ Cell Phone # (_____) _____ - _____ Birthday _____

Permanent Street Address: _____

Permanent City, State, Zip (or International Mailing Information) _____

In case of a missing persons' emergency, please contact:

Please use the same emergency contact information that I listed on my Resident Data Card.

I prefer for a different person to be notified if I was reported missing.

Name _____ Relation _____ Home Phone _____

Address _____ Work Phone _____

City _____ State _____ Cell Phone _____

As of Fall 2009, federal law requires universities to collect information that would be used in the event that a student was reported missing. The information provided on this card will only be used in the event of a missing persons' emergency. *This information is kept private from other student records. Thank You.*