

SEMESTER \_\_\_\_\_ YEAR \_\_\_\_\_

NAME \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
*First Middle Last Month Day Year*

STUDENT ID \_\_\_\_\_ GENDER \_\_\_\_\_  
*If Known*

**MAILING ADDRESS:** \_\_\_\_\_  
*Used as primary address for mailed correspondences*

**PHONE NUMBER:** \_\_\_\_\_

**PERMANENT ADDRESS:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_  
*Please note that once registered at Upstate Medical University, you will be assigned an Upstate email account. All email correspondences from Upstate will subsequently be sent to the @UPSTATE.EDU address only.*

**LIST ALL PRIOR COLLEGES / UNIVERSITIES ATTENDED AND DEGREES EARNED (If applicable)**

INSTITUTION NAME: \_\_\_\_\_ DEGREE EARNED: \_\_\_\_\_  
1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

**EMERGENCY CONTACT:** NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
*First Last*

**FERPA** – The Family Educational and Privacy Act of 1974 (FERPA) allows SUNY Upstate Medical University (Upstate) to disclose directory information without prior written consent. Upstate has designated student’s name, mailing address, telephone number, program, class year, Upstate email address, and degrees and honors earned at Upstate as directory information. FERPA allows the student the right to refuse to designate any information as directory information. • **Please indicate:**  Allow directory information  Do not allow directory information

**BACKGROUND** – Have you ever been convicted of a felony?  Yes  No If yes, please explain: \_\_\_\_\_  
*If additional space is needed, please use the reverse side of form or attach a separate sheet*

**STUDENT CONDUCT** – I have received and positively affirm policies and procedures outlined in the SUNY Upstate Medical University Student Handbook to include: The Student Code of Conduct; University Policies, Drug Free Schools and Communities Act; Personal Safety and Security Information; Guidance on Sexual Harassment and Assault, Bias Crime and Violence Prevention; Violent Felony Investigations and Missing Students; Campus Crime Reporting and Statistics; Upstate Pledge; and the Release of Information and Personal Privacy. A copy of the current Student Handbook can be obtained at <http://www.upstate.edu/currentstudents/> • **Please indicate:**  Yes  No

*By policy of the State University of New York, all students in attendance at SUNY Upstate Medical University must receive and positively affirm policies and procedures outlined in the SUNY Upstate Medical University Student Handbook. Failure to do so will void your registration at SUNY Upstate and you will not be allowed to attend classes.*

*For Office Use Only*

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

Received by: \_\_\_\_\_ Date \_\_\_\_\_

<b>NEW YORK STATE RESIDENT?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>U.S. CITIZEN?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
If No, List VISA type _____
Country of Citizenship _____
Country of Birth _____
<b>SECTIONS BELOW ARE FOR U.S. CITIZENS ONLY:</b>
Check 1 box from this section
<b>RACE:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Check all that apply
<b>ETHNICITY:</b> <input type="checkbox"/> American Indian / Native American <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Mainland Puerto Rico <input type="checkbox"/> Mexican/American <input type="checkbox"/> Puerto Rico Commonwealth <input type="checkbox"/> Other Hispanic <input type="checkbox"/> White <input type="checkbox"/> Non-Resident Alien