

SEMESTER _____ YEAR _____

NAME _____ SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____
First Middle Last Month Day Year

STUDENT ID _____ GENDER _____
If Known

NEW YORK STATE RESIDENT? Yes No

MAILING ADDRESS: _____
Used as primary address for mailed correspondences

PHONE NUMBER: _____

U.S. CITIZEN? Yes No

If you selected No, please provide:

List VISA type _____

Country of Citizenship _____

Country of Birth _____

PERMANENT ADDRESS: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

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 _____