UPSTATE
Nursing

Student/Faculty Registration Form

Has the registrant had an ID card with Upstate University Health System in the past? YES ☐   NO ☐

First Name:	
Last Name:	
MI:	
Social Security Number:	
Street Address:	
City:	
State:	
Zip:	
Phone Number:	
School Email Address:	
Emergency Contact Name:	
Emergency Contact Relationship:	
Emergency Contact Phone Number:	
Registrant Date of Birth (mm/dd/yyyy):	

Clinical Rotation ☐   Role Transition   ☐

Location: Downtown Campus ☐   Community Campus ☐   Other ☐   (specify):

Unit:	
Start Date (mm/dd/yy):	
End Date (mm/dd/yy):	

Title or Function:	
School:	

*Please return the form to the Nursing Recruitment Office at **nrecruit@upstate.edu**. Questions? Please email*
nrecruit@upstate.edu, or call the downtown Nursing Recruitment Office at 315-464-4810.