



COLLEGE of
SAINT ELIZABETH

Disability Services
Student Information Update

Please print all information in a legible manner.

Name: _____ Date: _____
DOB: _____
Student Id. No. _____
Home Address: _____
Residence Hall: _____
Home Telephone: _____
Cell telephone: _____
Email address: _____
Major: _____
Advisor: _____

Check the following:

Residence:	Reside on campus	_____
	Commute	_____
Class:	Freshman	_____
	Sophomore	_____
	Junior	_____
	Senior	_____
	Graduate	_____
Optional Ethnicity:	African American	_____
	Asian American	_____
	Caucasian	_____
	Hispanic or Latino	_____
	Mexican American	_____
	Native American or Alaskan Native	_____
	Native Hawaiian or Pacific Islander	_____
Other	_____	