UNIVERSITY OF BRIDGEPORT COUNSELING SERVICES

Division of Student Affairs

STUDENT ID #	1	DATE OF BIRTH	AGI
NAME			
Last/Family		First/Given	
LOCAL ADDRESS			
Stree	t	City	Zip Code
RESIDENCE HALL (Ple Off-Campus	ase check one): Bodine	Barnum Seeley	Warner
CELL PHONE ()_			
CELL PHONE ()_ HOME/RESIDENCE H	HALL PHONE ()	
If we need to contact you CELL HOME If we call your home pho	•	•	calling?
YES NO If <i>NO</i> , how should we id	entify ourselves? (such	as "friend")	
If we call your cell phone	may we leave a mess	age? YES NO	
EMAIL_ Due to the non-secure nature of sending information that is sensi Please check all that apple Undergraduate Freshman Sophomore Junior Senior	ive in nature. y :	SOURCE OF Self Friend Adviso Faculty	<u>REFERRAL</u>
	Other	Resider Judicial Securit	nce Hall Staff I Affairs
REASON FOR REFERI	RAL		
MAJOR			
COLLEGE (Arts & Science	es, Business, etc)		
Please check one: ARE YOU A DOMESTI	C STUDENT?		
ARE YOU AN INTERN IF SO, WHAT COUNTE			