

Student Information Form

SECTION 1

Information Release

- A. You have the right to restrict your personal information from being published in our Community Directory. To request non-disclosure of your information, please sign on the line below:

For questions and/or additional information please contact:

Pam Lisle
Associate Registrar
paml@spst.edu
816 245 4834

- B. Would you like for us to acknowledge your birthday on our campus viewing monitors?

Yes _____ No _____

Would you like for us to acknowledge your birthday by sending you an email greeting?

Yes _____ No _____

For questions and/or additional information please contact:

Arthur Carter
Director of Community Formation
arthur.carter@spst.edu
816 245 4841

SECTION 2

Vehicle Information/Registration

Make	_____	License Plate#	_____
Model	_____	State	_____
Year	_____	Color	_____
Sticker#	_____	Date Issued	_____

Do you have an anti-theft device on your vehicle? Yes _____ No _____

Would you like to purchase a SPST Club? (\$35.00 charge) Yes _____ No _____

Would like to borrow a SPST Club? (No charge) Yes _____ No _____

- See Cashier's Window to register additional vehicles
- Borrowed anti-theft devices must be returned upon completion of course work at Saint Paul School of Theology OR upon notice of withdrawal. A NON-RETURN FEE will be accessed for unreturned devices

Section 3

Emergency Information

Your Personal Information

Name _____

Date of Birth _____

SSN# _____

Phone _____

Address _____

City, State, and Zip _____

Your Emergency Contact Information

Name _____

Relationship _____

Phone _____

Address _____

City _____

State _____

Zip _____

Please mark below: Does this person know the location of all your emergency information, including living will, bank accounts, insurance, will, and medical history?

Yes _____ No _____

In case of unconsciousness and you are unable to provide the location of any of these important documents which might affect your health care, please identify the **LOCATION** or the **PERSON WHO KNOWS THE LOCATION** of the following information: **(Please list name and telephone number of person.)**

Power of Attorney _____

Living Will and/or Durable Power of Attorney _____

Bank Accounts _____

Insurance _____

Will _____

Medical History _____

In case of an emergency, I hereby authorize Saint Paul School of Theology to seek emergency medical care on my behalf.

Signature _____ **Date** _____

Section 4

Health/Health Care Information

Please list any medical condition(s) for which you are currently receiving treatment.

Please list any allergies

Please list any medications you are taking, and indicate if they are long term or temporary.

Your Primary Insurance Carrier

PPO or HMO?

Effective Date of Coverage

Date Coverage Ends

Insured's Name

Insured's SSN #

Certificate/Policy #

Plan #

Your Secondary Insurance Carrier

PPO or HMO?

Effective Date of Coverage

Date Coverage Ends

Insured's Name

Insured's SSN #

Certificate/Policy #

Plan #

Primary Care Physician's Name _____

Phone _____

Other Physicians Name _____

Field _____

Phone _____

KC Hospital or Network Hospital _____

Address _____

Pre-approval Phone _____

The following people and/or organizations should be notified or contacted with reference to any dependents.

Name of Dependent(s) _____

Contact Person(s) _____

School(s) _____

You may find it useful to provide written authority, in advance, to pick up any child at a school/babysitter, etc. You may wish to provide the caretaker with directions related to care, authority to care for the child, or obtain medical care for the child in the event you are disabled for a period of time.

Name and type of pet(s) _____

Denominational Contact (Bishop, District Superintendent equivalent, or your pastor.)

Name _____

Phone _____

Please list any other information you think we should have.
