

Personal Data Document

Return to:
Student Programs and Services
300 E. College Ave., Eureka, IL 61530-1500
1-309-467-6420

Student Information

Name: _____ Social Security Number: ____-____-____

Permanent Address: _____

City: _____ State: _____

Zip: _____ Telephone: _____ Cell: _____

Hometown Newspaper _____ Phone: _____

Fax: _____

E-mail: _____

Parents Information

(Required if residing on campus or under the age of 21)

FATHER (if different than student's information) **MOTHER** (if different than student's information)

Name: _____ Name: _____

Address: _____ Address: _____

(H) _____ (H) _____

(O) _____ (O) _____

OR Other

(Spouse, relative, or friend if parents information does not apply)

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

(H) _____ (O) _____

Please send to or share with the following information:

Financial Statement:

Father Only
Mother Only
Both Parents
Self
Other: _____

Academic Report:

Father Only
Mother Only
Both Parents
Self
Other: _____

-Cont. on Back-

Medical Information

In case of an emergency, give the full name of someone whom Eureka College should contact:

Name	Relationship	Phone Number
_____	_____	_____
_____	_____	_____

Note: If the student entering Eureka College is under eighteen years of age, the following permission to seek medical assistance when necessary is needed from the appropriate guardian. This permission remains on file in the Student Programs and Services Office.

In the event of any needed medical treatment, I, _____, give my
Name of Parent/Guardian

permission to Eureka College and/or its medical contractor to seek the necessary medical treatment for _____.
Name of Student

Parent/Guardian

Statement of Insurance

All students attending Eureka College are required to show proof of health insurance prior to registration (see Medical Insurance Verification Form), or they must accept the insurance coverage offered by Eureka College. A copy of the student's insurance documentation should accompany this statement. If a student does not demonstrate proof of insurance, he/she will be billed an irreversible insurance charge. If Election #2 is not checked, the Health and Sickness Insurance will be automatically billed. (Parental Group Insurance is primary in all cases.)

- _____ 1. I elect the College-sponsored Health and Sickness insurance.
- _____ 2. I do not elect additional coverage under the College-sponsored Insurance plan.
- _____ 3. I realize that if I am an athlete, I must accept the NCAA Insurance Coverage. I realize that this is not the same insurance as provided by the Health and Sickness Insurance outlined in Elections #1 and #2.

Signed

Parent/Guardian (if student is under 18)