



# **BLESSING-RIEMAN**

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## *College of Nursing & Health Sciences*

### Student Information Form

Last Name	
First Name	
Middle Int	

Permanent (Home) Address  Use for billing

Local (on Campus) Address  Use for billing

Street	
City	
State	
Zip	
Phone	(    )

Street	
City	
State	
Zip	
Phone	(    )

Non BRCN email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Student ID #(from CAMS) \_\_\_\_\_