WAKE FOREST UNIVERSITY
SCHOOL of LAW

DATA FORM

Name _____ Sex _____ _____
(Last) (First) (M.I.) M F

WFU ID# _____ Year in Law School _____ _____ _____ _____
1L 2L 3L LL.M.

Local Address: _____
PRIVACY?
_____
_____ _____ _____
Y N

Phone: _____ Privacy? ____Y _____N

MANDATORY CELL PHONE: _____ Privacy? ____Y _____N

Permanent Address: _____
PRIVACY?
_____
_____ _____ _____
Y N

Phone: _____ Privacy? _____Y _____N

Emergency Contact Name: _____

Relationship: _____

Address: _____

Phone / Cell Phone: _____

Married? _____ _____ Spouse's name: _____
Y N

Financial Aid? _____ _____ Your nickname: _____
Y N

Date of Birth: _____ Place of Birth: _____

State ***OR*** Country of Legal Residence: _____

If North Carolina, county: _____

Your Undergraduate School, Degree,Year:_____

IT IS IMPERATIVE THAT WE HAVE A COMPLETE CURRENT ADDRESS ON FILE FOR EACH STUDENT.
THUS, ALL ENROLLED STUDENTS ARE REQUIRED TO SUBMIT A COMPLETED DATA FORM TO THE REGISTRAR AT THE BEGINNING OF EACH ACADEMIC YEAR.

Information included on this form will not be released in violation of your written prohibition under FERPA.

FORM-NL08-DATA 082708