

# RESIDENT PROFILE SHEET

Name \_\_\_\_\_ Date \_\_\_\_\_  Fall  Spring

Date of Birth \_\_\_\_\_ Age at Start of Semester \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

T-Shirt Size  X-Small  Small  Medium  Large  XL  2XL  3XL  4XL

Hoodie Size  X-Small  Small  Medium  Large  XL  2XL  3XL  4XL

Parent/Guardian NAME \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

### MEDICAL INFORMATION

Please check if you suffer from any of the following:

- Allergies  Asthma  Disease  Medical Allergies  Ongoing Medical Treatment/Medication
- Any Physical Disability

Please Explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physician Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy Number \_\_\_\_\_

### Emergency Contact Information

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_

Contact Number \_\_\_\_\_ Secondary Number \_\_\_\_\_

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**Passport Photo  
Required for  
Complete  
Application**

## PERSONAL PROFILE & ROOMMATE PREFERENCE

It is our hope to provide guidance in each resident's transition to adulthood. Honestly answering these questions will provide us with a measurement of how we can best serve you.

Student Name \_\_\_\_\_

Prospective Major \_\_\_\_\_ Minor \_\_\_\_\_

Goals \_\_\_\_\_

Interesting notes about yourself \_\_\_\_\_

Expectations of residence hall living \_\_\_\_\_

Are you a member of the Seventh-day Adventist Church?  Yes  No  
 If not please list religious affiliation \_\_\_\_\_

Baptized?  Yes  No

Do you have any special challenges or needs? (please explain) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Roommate Preference**

Requested Roommate \_\_\_\_\_

Requested Suitemates \_\_\_\_\_

If no roommate is requested please indicate your hall preference below:

Quiet  Active  Mature  Whatever  Day Person  Night Person

Extrovert  Introvert  Neat  Messy

Prefer someone with my major  Prefer someone not in my major

# RESIDENT PROFILE SHEET

In our preparation for the new school year, we would like to ensure that all necessary paperwork has been completed prior to your arrival. Please review the checklist below.

Resident Profile Checklist
<input type="checkbox"/> Resident profile
<input type="checkbox"/> Personal Profile
<input type="checkbox"/> Emergency Contact
<input type="checkbox"/> Insurance Information
<input type="checkbox"/> Parental Contract
<input type="checkbox"/> Financial Clearance
<input type="checkbox"/> Waiver

Honors Wing Requirements
Are you applying for the honors wing?
<input type="checkbox"/> Letter of Recommendation
<input type="checkbox"/> Letter of Recommendation
<input type="checkbox"/> Personal Statement (Why are you a good candidate?)
<input type="checkbox"/> Final Official Transcript (sent from high school)
<input type="checkbox"/> Summary of Extra Curricular activities

Once all your documents have been completed you may chose to either mail, fax, or email them to the dorm as soon as possible. **Email:** [Landerson@oakwood.edu](mailto:Landerson@oakwood.edu) or [Lseawright@oakwood.edu](mailto:Lseawright@oakwood.edu) **Fax:** 256-726-7729; If you are mailing your forms they must be received in the dorm by July15. **Mail to:**

Oakwood University (**Dorm Name**)  
7000 Adventist Blvd, NW  
Huntsville, AL 35896 (Attn: Deans)

**OAKWOOD UNIVERSITY  
PARENTAL INVOLVEMENT CONTRACT**

Semester:             Fall             Spring            Term \_\_\_\_\_ - \_\_\_\_\_

It is a challenging task for us to determine how much parental involvement is required when working with our students. Several of our students are older or have been on their own for some time. However, most of our freshman students are 17 to 19 years old and are supported by their parents or guardians. The legal age to be considered an adult is 19 in Alabama. It is our desire to maintain this perspective as we assist them in their development into Christian women and men; however, parental support is necessary to determine the amount of communication that is expected to occur between the deans and the parents to regards to the student.

**This is an agreement between the parent/guardian and the freshman. Please check all that apply.**

The student is independent and does not require parental contact. **(Ages 19 and up)**

**OR**

Parental contact is requested when the student is having difficulties in the dorm.

**OR**

The student must get parental permission by telephone each time he/she wishes to get an overnight leave to go home or any other place. **(Ages 18 and under)**

**OR**

The student has parental permission to visit only places in and around the Huntsville, area that indicated: \_\_\_\_\_

To ensure that your child receives the best support, we are requesting that you will allow us to contact you via phone or e-mail.

\_\_\_\_\_  
Parent/Guardian Cell Phone

\_\_\_\_\_  
Parent/Guardian Email

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

# Oakwood University

## Waiver of Release of Student Information Form

I, \_\_\_\_\_, a Student at Oakwood University, understand my rights to confidentiality of my records. I understand further that my records may not be released to a third part without my written consent.

I hereby grant consent for Oakwood University to release:

Parent/ Guardian (print name) \_\_\_\_\_

All of my college records to my parent/guardian including:

- \*Transcripts                      \*Disciplinary Records                      \*Grade Reports
- \*Financial aid Records   \*Progress Reports from Faculty   \* Mid- term Evaluations
- \*Student Account Info   \*Standardized Test Scores                      \* Health Records

Spouse (print name) \_\_\_\_\_

All of my college records to my spouse including:

- \*Transcripts                      \*Disciplinary Records                      \*Grade Reports
- \*Financial aid Records   \*Progress Reports from Faculty   \* Mid- term Evaluations
- \*Student Account Info   \*Standardized Test Scores                      \* Health Records

Other (print name) \_\_\_\_\_

All of my college records to \_\_\_\_\_ including:

- \*Transcripts                      \*Disciplinary Records                      \*Grade Reports
- \*Financial aid Records   \*Progress Reports from Faculty   \* Mid- term Evaluations
- \*Student Account Info   \*Standardized Test Scores                      \* Health Records

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness (print name) \_\_\_\_\_ Date \_\_\_\_\_



I, \_\_\_\_\_, was offered an opportunity to sign this form and declined.

Signature \_\_\_\_\_ Date \_\_\_\_\_