

## Colorado State University Student Authorization of Information Form 2019

Student Name \_\_\_\_\_ :  
(Last) (First) (MI)

Other names used (maiden): \_\_\_\_\_

Date of Birth \_\_\_\_\_ (month, day, year)

Colorado address: \_\_\_\_\_

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

\*Email address: \_\_\_\_\_

\*Last five digits of your Social Security number: \_\_\_\_\_

\*Drivers License No. and State: \_\_\_\_\_

Check one of the following: US Citizen \_\_\_\_\_ International Student \_\_\_\_\_ Country \_\_\_\_\_

Foreign languages read: \_\_\_\_\_ Spoken: \_\_\_\_\_

**Emergency Contact:** (Please list a contact for the remainder of your coursework and fieldwork at CSU)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Intent to graduate date (next graduation date after completing Level II FW August 2020): \_\_\_\_\_

University and other degrees held (level, type and year, i.e., CSU, BS- Psychology, 2014):

\_\_\_\_\_  
\_\_\_\_\_

Special considerations, comments, and other interesting facts we should know about you: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**WAIVER: Please check applicable statement(s):**

- I grant permission for OT Fieldwork personnel to give out my name, address, email, and phone number to fieldwork educators needing to contact me.
- I grant permission for OT Fieldwork personnel to give out my address, email or phone number to my classmates.
- I do not give permission for my address, email or phone number to be given out to fieldwork sites or my fellow classmates.

\_\_\_\_\_  
(Student Signature) (Date)

*If this form is completed and distributed electronically – a "Typed Name" is acceptable for the signature.*