Personal Record
FISK University

Office of Residence Life and Campus Services
1000 17th Avenue North
Nashville, Tennessee 37208
OFFICE: 615-329-8843
FAX: 615-329-8714

 TYPE OR PRINT LEGIBLY

Date: __________________________

<table>
<thead>
<tr>
<th>Name:</th>
<th>First</th>
<th>Middle</th>
<th>Last</th>
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</thead>
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1. Home Address: ____________________________________________________________
   Street ____________________________ (Rural Route) __________________________
   City ____________________________ State ____________________________ Zip ______


5. If transferring, indicate college: ____________________________________________

6. High School last attended: ____________________________ Date of Graduation ______
   MM      YY

7. Clubs and activities participated in: _________________________________________

8. Offices held: ____________________________________________________________
   ____________________________________________________________

10. Hobbies and sports you are interested in: ____________________________

11. Names of relatives who have attended Fisk: ____________________________
   ____________________________________________________________

13. Mother's or Guardian’s Name: ____________________________ Occupation ____________________________
    Place of Employment: ____________________________ Telephone ____________________________ Email ____________________________

14. Father's or Guardian’s Name: ____________________________ Occupation ____________________________
    Place of Employment: ____________________________ Telephone: ____________________________ Email ____________________________

15. In case none of the above can be reached in an emergency give the name, address and telephone number of the nearest relative:

   Name: ____________________________ Relationship: ____________________________
   Address: ____________________________ Telephone (____) ____________________________