



LAST NAME	FIRST NAME	MIDDLE	GENDER
PERMANENT STREET ADDRESS	CITY	STATE/COUNTRY	ZIP CODE
( ) TELEPHONE	( ) CELL PHONE	E-MAIL	/ / DATE OF BIRTH

**EMERGENCY CONTACT INFORMATION:**

LAST NAME	FIRST NAME	RELATIONSHIP
STREET ADDRESS	CITY	STATE/COUNTRY
ZIP CODE		
( ) HOME/CELL TELEPHONE	( ) WORK TELEPHONE	E-MAIL

OCCUPANCY START DATE: ☐ SUMMER 2022 ☐ FALL 2022 ☐ SPRING 2023

EXPECTED DATE OF ARRIVAL: ROOM FAMILY APARTMENT

EXPECTED GRADUATION YEAR: DEGREE PROGRAM:

☐ RESEARCH SCHOLAR ARRIVAL DATE: DEPARTURE DATE:

**AUTO INFORMATION** (IF CAR WILL BE ON CAMPUS)

PLATE NUMBER	MAKE	MODEL	COLOR
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**ALL HOUSING IS SMOKE FREE.**

**IMPORTANT:** IF YOU HAVE A DISABILITY OR MEDICAL CONDITION THAT SHOULD BE CONSIDERED IN ASSIGNING A ROOM, PLEASE CONTACT HOUSING VIA E-MAIL, [HOUSING@HARTFORDINTERNATIONAL.EDU](mailto:HOUSING@HARTFORDINTERNATIONAL.EDU)

**NOTE: ALL VACCINATIONS MUST BE UP-TO-DATE WITH DOCUMENTATION ON FILE IN THE REGISTRAR'S OFFICE BEFORE THE HOUSING APPLICATION IS APPROVED. FOR SPECIFIC REQUIREMENTS, PLEASE REFER TO [HTTPS://WWW.HARTFORDINTERNATIONAL.EDU/CURRENT-STUDENTS/STUDENT-SERVICES/HEALTH-AND-WELLNESS/IMMUNIZATION-REQUIREMENTS](https://www.hartfordinternational.edu/current-students/student-services/health-and-wellness/immunization-requirements).**

SIGNATURE	DATE
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