



The University of Iowa Hospitals and Clinics
Department of Radiology
Radiologic Technology Education

STUDENT INFORMATION

LEGAL NAME: _____

NICKNAME IF PREFERRED: _____

***CURRENT ADDRESS:** _____

***CURRENT PHONE #:** _____

***CELL PHONE #:** _____

***E-MAIL ADDRESS:** _____

If you are currently an UI student, list your UI email only. If you are not currently a UI student, list the email address that you currently use. All correspondence will be sent to the email address listed. Remember to check periodically since this will be our form getting information to you.

***PERMANENT ADDRESS:** _____

DATE OF BIRTH: _____

SOCIAL SECURITY #: _____

U of IA # (if applicable): _____

PERSON TO NOTIFY IN CASE OF EMERGENCY:

NAME: _____

ADDRESS: _____

PHONE #: _____

RELATIONSHIP: _____

*If your address or phone number changes prior to entering the Program, it is your responsibility to notify the Program of changes by contacting Mary Huinker by phone (319-356-3861) or email (mary-huinker@uiowa.edu) to ensure promptly receiving Program notifications.