# Student Contact Information Questionnaire

**Pace University Student Information**

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| U#: | Semester/Year: | Course: |
| First Name: | Last Name: |
| Home or Cell Phone: | Emergency Phone: |
| Pace email: | Private or alternative email: |
| Home street address:  | Apartment: |
| City: | State: | Zip Code: |
| If you are a resident student living on campus, please fill out the below sectionCampus phone: |
| Campus address: | Room: |
| City: | State: | Zip Code: |