# 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 section  Campus phone: | | | |
| Campus address: | Room: | | |
| City: | State: | Zip Code: | |