



The Wellness Center  
100 Campus Circle  
Owings Mills, MD 21117-2857  
443-352-4200 Fax: 443-352-4201

**OFFICE USE ONLY:**

Date Entered: \_\_\_\_\_

N: \_\_\_ D: \_\_\_ E: \_\_\_

Student ID #: \_\_\_\_\_

Housing  Commuter

**If you or your health care provider are submitting additional health records, please complete the following:**

**GENERAL INFORMATION**

Name: _____ <small>Last First Middle</small>	Date of Birth: ____/____/____ <small>Mo. Day Year</small>
Home Phone: _____ <small>Including Area Code</small>	Cell Phone: _____ <small>Including Area Code</small>
Initial Term Entering SU: <input type="checkbox"/> Fall ____ <input type="checkbox"/> Spring ____ <small>Year Year</small>	Circle one: FR SO JR SR

**ATTACHMENTS INCLUDED:**

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Number of pages: \_\_\_\_ (including this page)

Please fax, mail or drop off records to the Wellness Center (See delivery information at the top of the page).