

HOLDEN UNIVERSITY CENTER PARTNERSHIP SERVICES FORM STUDENT

This form must be completed every semester to receive student access to the following Lakeland services:

- Wireless Internet Access
- Copying
- Athletic & Fitness Center
- Campus
- Printing
- Emergency Notification
- Library Services
- Writing Center

Name _____
(Last) (First) (Middle) (Maiden/former)

- I am a returning Holden University Center student, have filled out this form previously and already have a Lakeland ID Number (if known) _____
- I am a new University Partnership student

Part I

{PLEASE PRINT}

Four-Year College ID Number (if known) _____ Gender: Male Female

Address _____

City _____ State _____ ZIP code _____

Primary Phone _____ Secondary Phone _____

- | | |
|--|--|
| <input type="checkbox"/> Landline – Home | <input type="checkbox"/> Landline – Home |
| <input type="checkbox"/> Landline– Work | <input type="checkbox"/> Landline– Work |
| <input type="checkbox"/> Cell | <input type="checkbox"/> Cell |

Social Security Number (last four digits) _____ Date of Birth (mm/dd/yy) _____

Personal Email _____ Four-Year College Email _____
An email address is required

Part II Term/Year: (Indicate one) fall spring summer Year _____

Identify Partnership Institution (circle one) and Degree Program:

Cleveland State University Franklin University Hiram College John Carroll University Kent State University
Lake Erie College Notre Dame College University of Akron Ursuline College Youngstown State University

Degree Program: _____

Signature _____ Date _____

For office use only:

Lakeland ID _____
Received by: _____ Date: _____