

Rocky Mountain College Information Sheet

Full Name: _____
Birth Date: _____ Social Security Number: _____
Cell Phone: _____ Home Phone: _____
Marital Status: Married _____ Single _____ Sex: Male _____ Female _____

Local Address: _____ City: _____
State: _____ Zip: _____

Home Address: _____ City: _____
State: _____ Zip: _____

Parents/Guardians Names:

1.) _____ Birth Date: _____
2.) _____ Birth Date: _____

Parents/Guardians Company Work Names:

1.) _____ Work Phone: _____
2.) _____ Work Phone: _____

Emergency Contacts:

Names: 1.) _____ Relationship: _____
Primary Phone: _____ Secondary: _____
2.) _____ Relationship: _____
Primary Phone: _____ Secondary: _____

Medical Insurance:

Name of Company: _____
Address: _____ City/State/Zip _____
Phone Number: _____ Subscribers Name: _____
Group Number: _____ Policy Number: _____

I hereby authorize the release of information regarding my condition/treatment, as necessary, to process these and/or related claims. I understand that I am responsible for all professional fees. I hereby assign to the physicians(s) all payments for medical services to myself or my dependents.

Signature: _____ Date: _____