

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 children
- 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 _____

Landline – Home

Landline– Work

Cell

Landline – Home

Landline– Work

Cell

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

An email address is required:

Four-Year College Email _____ Personal Email _____

Part II

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

Identify Partnership Institution (check one) and Degree Program:

Bowling Green State University

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: _____