

UIC STUDENT LEGAL SERVICES INFORMATION FORM

TODAY'S DATE _____

NAME: _____ UIN _____

SEX: MALE _____ FEMALE _____

STATUS: UNDERGRAD _____ GRAD _____ HEALTH PROF _____

Are you an International Student (Yes or No)? _____

STREET ADDRESS: _____

CITY/STATE/ZIP: _____

HOME/CELL PHONE: _____ WORK/OTHER PHONE: _____

UIC EMAIL _____ OTHER EMAIL _____

VOICEMAIL(CIRCLE) HOME OFFICE/OTHER CELL

At which of the above may we contact you if necessary? At what hours? Home/Cell _____ Other _____

May we speak freely to the answering device or the person answering the phone? _____

Is another UIC student, the UIC, or a faculty or staff member involved in this matter? _____

How did you learn about Student Legal Services (SLS)?

Sign below to indicate that you received, read and understood the Agreement for Legal Services

PROJECTED GRADUATION DATE: _____ SIGNATURE _____

REV. 5/2014

DATE SIGNED _____