



CENTRAL MICHIGAN
UNIVERSITY

Non-Student / Business Information Card

Requested by:	Date:
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***Required Field**

Name	
*First Name / Business Name	
*Middle Name	
*Last Name	
Address	
*Street Address 1	
Street Address 2	
*City	
*State	
*Zip Code	
Additional Information	
Birthdate (<u>If under 18, complete Minor section</u>)	
Phone Number	
Alternate Phone Number	
E-mail Address	
Contact Person (Business)	
Minor Non-Students	
Responsible Party Name	
Relationship	
Street Address	
City, State, Zip	
Phone Number	
E-mail Address	
For Internal Use Only:	
ID Number: _____ Approved By: _____ Date: _____	