

ROOM ASSIGNMENT FORM 2013-2014



Upper Eastside Lofts, Sacramento State University
6400 Folsom Blvd.
Sacramento, CA 95819
Phone: (916) 739-0900 Fax: (916) 739-0901
E-mail: rlsacramento@edrtrust.com

STUDENT INFORMATION:

Name _____ Student ID _____

Birth Date ____/____/____ Month Day Year Gender Male or Female
(circle one)

E-mail Address _____
(E-mail address you will check for assignment information.)

Cell Phone Number (____) _____ - _____ Permanent Phone Number (____) _____ - _____

Permanent Address _____

City _____ State _____ Zip Code _____

College/University Major _____ Class Standing: Freshman Sophomore Junior Senior Graduate

EMERGENCY INFORMATION

In case of an emergency please contact:

Name _____ Do you currently have health insurance?
Relationship _____ Yes No
Email _____ Name of Health Service Provider: _____
Emergency Contact Home Phone (____) _____ - _____
Emergency Contact Cell Phone (____) _____ - _____ Policy Number or ID Number: _____
Emergency Contact Work Phone (____) _____ - _____

SPECIAL CONSIDERATIONS

▶ Are you registered with Disabled Student Services? Yes No
▶ Do you have a specific disability that will affect your room assignment? Yes No
If you answered yes to the last question, we will contact you as soon as possible to discuss your room assignment.

**PLEASE DO NOT WRITE BELOW THIS AREA.
OFFICE USE ONLY**

UPPER EASTSIDE LOFTS MANAGEMENT TO COMPLETE:

Bedroom Type: 1Px1 2Px1 1Dx1 1Tx1 1Qx1 1Qx1L 2Dx1 3Dx3

Application Complete Yes No Lease Complete Yes No

Parking Application Yes No Move In Date: _____

Lease Term AY YR Other: _____

Please fill out the reverse side of form.

