

SAMPLE COMPLETED FORM



FORM: SCH #03		Main Street Campus Student Registration Form						
Date: 12/17/12		School: D'Youville College			Rotation Start Date: 01/09/13		Rotation End Date: 02/10/13	
Submitted by: Jane Smith			Title: Clinical Instructor		Phone # 882-5555		Email Address: jsmith@d'youville.com	
Access Card #	Cardholder Information		Vehicle Information					
	First Name	Last Name	Phone #	Plate #	Make	Model	Year	Color
70000	JANE	SMITH	882-5555	YZX-4321	CHEVY	CRUZE	2012	BLUE
70001	MARY	BARNES	881-6678	ABC-1234	CHEVY	MALIBU	2008	RED
70002	JACK	DAVIS	783-1991	APV-5998	FORD	FOCUS	2005	BLACK
70003	HALEY	JONES	981-4456	EHS-4999	GMC	JIMMY	2011	TAN
70004	SUSAN	FOX	663-2115	DDC-4343	JEEP	GRAND CHEROKEE	2002	GRAY
70005	BETTY	SMITH	443-1112	BBC-2344	CHEVY	TAHOE	2001	BLUE
70006	HENRY	HARRIS	357-1123	FFC-1921	CADILLAC	SEVILLE	1998	BLUE
70007	HARRY	THOMPSON	321-1555	ADD-5001	CHEVY	CAVALIER	2001	BURGUNDY
70008	CINDY	BELL	555-1234	KTV-9818	FORD	TAURUS	2000	CREAM
70009	JO ANN	JACKSON	642-9887	ABC-5501	FORD	FOCUS	2008	GREEN
70010	ERIN	KELLEY	543-6669	GGG-3228	CHEVY	IMPALA	1999	TEAL
70011								
70012								
70013								
70014								
70015								



Date:	School:	Semester Begin Date:	Semester End Date:
Submitted by:	Title:	Phone #	Email Address:

Comments:

Please send completed form electronically to Kathy Manns, Manager Resource Services at KKM2845@chsbuffalo.org or by fax (716) 862-2056 or Phone (716) 862-1407 for further assistance.

Updated 12/17/12