

FOR OFFICE USE:

Flexpass # _____

Picture # _____

**Presidential Towers
Student Information**
(Please Print)

Tower _____ Apt # _____

Name of Student _____

Date of Birth ____/____/____ Social Security Number ____ - ____ - _____

Driver's License/State ID # _____ State _____

Current Address _____ Apt/Unit # _____

City _____ State _____ Zip _____

Cell Phone (____) _____ - _____ Email _____

In case of emergency, do you require special assistance (i.e. allergies, disabilities, etc.)? _____

If yes, please explain _____

In case of emergency, notify _____

Relationship _____ Phone (____) _____ - _____

School Name _____

Student Signature Date School Representative Signature Date

Approved by: Date
PT Chicago, LLC, as agent for the owner

Authorization (if applicable)

The Student agrees for PT Chicago, LLC, through its designated agent and its employees, to obtain criminal information upon request from the contracted school. Upon request, Owner will disclose the names and addresses of any consumer-reporting agency that provided such report. By signing below, you thereby acknowledge your receipt of this disclosure.

Student Signature Date