

# HOLDEN UNIVERSITY CENTER PARTNERSHIP SERVICES FORM STUDENT

This form must be completed every semester to reactivate student access to the following Lakeland services:  
**Wireless Internet Access , Copying , Printing, Emergency Notifications, Library Services, Writing Center, Athletic & Fitness Center, Campus Kids.**

Name \_\_\_\_\_  
(Last) (First) (Middle) (Maiden/Former)

- I am a returning Holden University Center student, have filled out this form previously and already have a Lakeland ID Number (if known) \_\_\_\_\_
- I am a new University Partnership student

**{PLEASE PRINT}**

Four-Year College ID Number (if known) \_\_\_\_\_ Gender:  Male  Female

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

- |  |  |
|--|--|
| <input type="checkbox"/> Landline – Home | <input type="checkbox"/> Landline – Home |
| <input type="checkbox"/> Landline– Work  | <input type="checkbox"/> Landline– Work  |
| <input type="checkbox"/> Cell            | <input type="checkbox"/> Cell            |

Social Security Number (last four dig- its) \_\_\_\_\_ Date of Birth (mm/dd/yy) \_\_\_\_\_

Personal Email \_\_\_\_\_ Four-Year College Email \_\_\_\_\_

***An email address is required***

Term/Year: (Indicate one)  Fall  Spring  Summer Year \_\_\_\_\_

**Identify Partnership Institution:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Bowling Green State University  | <input type="checkbox"/> John Carroll University | <input type="checkbox"/> University of Akron         |
| <input type="checkbox"/> Case Western Reserve University | <input type="checkbox"/> Kent State University   | <input type="checkbox"/> Ursuline College            |
| <input type="checkbox"/> Cleveland State University      | <input type="checkbox"/> Lake Erie College       | <input type="checkbox"/> Youngstown State University |
| <input type="checkbox"/> Franklin University             | <input type="checkbox"/> Notre Dame College      |  |

Signature \_\_\_\_\_ Date \_\_\_\_\_

**For office use only:**

Lakeland ID \_\_\_\_\_  
Received by: \_\_\_\_\_ Date: \_\_\_\_\_