

**COLLEGE SQUARE
RESIDENT MATCHING FORM**

Name: _____ Age: _____

Social Security Number: _____

Telephone Number: _____ Cell: _____

College registered in: _____

Year in School: _____ Field or Major: _____

Present Address: _____
Street City/State Zip Code

Will be at Present Address Until: _____

Permanent Home Address: _____
Street City/State Zip Code

Personal Preferences or Considerations:

Smoke _____ Yes _____ No _____ Bothers me if others do
Drink _____ Yes _____ No _____ Bothers me if others do
Quiet _____ Very _____ Avg _____ noisy
Study _____ Often _____ Avg _____ seldom
Neat _____ Very _____ Avg _____ untidy

I have a ___Car ___Motorcycle ___Bicycle ___TV ___Stereo

Other considerations (hobbies, special interests, allergies, etc.)

(_____) Check if College Square has your permission to release information to prospective roommates.

Do you have any roommates in mind? If so, please list:

Name: _____ Telephone: _____

Name: _____ Telephone: _____

Name: _____ Telephone: _____

Signature: _____ Date: _____