



## Returning to Campus Housing

The registration form below is for any SUNY Morrisville student returning to campus housing:

1. Do you have fever, cough, or shortness of breath?

Yes                      No

2. Have you been in close contact with anyone who is suspected to have or has been diagnosed with COVID-19?

Yes                      No

3. Have you been directed to self-quarantine, isolate or self-monitor for COVID-19?

Yes                      No

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Name: (First / Last)

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Student M Number:

Personal E-Mail Address:

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\_\_\_\_\_

Cell Phone Number:

Campus E-Mail Address:

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Current On-Campus Residence Hall and Room Number:

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Parent / Guardian Name:

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Parent / Guardian Cell Phone Number:

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Parent / Guardian Address:

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Are you aware that you must notify SUNY Morrisville should you develop symptoms of fever, cough, or shortness of breath?

Yes, I am aware I must notify SUNY Morrisville if I develop symptoms.