

Norfolk State University
Department of Sociology
Criminal Justice Program

Student Information Request
Academic Year: _____

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email Address: _____

In Case of Emergency

Name: _____

Relation: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Comments: _____

