

P7 Student Health and Support

PO Box 85084, Lincoln University, Lincoln 7647
 Phone: 03 325 3835, Email: healthsupport@lincoln.ac.nz



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E

Address: Phone: Email:

Q

What is your date of birth?

What is your gender?

What is your ethnicity?

What is your current address?

I hereby confirm that the information provided is true and correct.		
I am a student of Lincoln University.	I am a resident of New Zealand.	I am a New Zealand citizen.
I am a student of Lincoln University.	Address / Phone	

A				
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An authority has the legal right to sign for another person if for some reason they are unable to consent on their own behalf.

A		
(hereafter referred to as the authority)	Relationship	Signature
Birth date (dd/mm/yyyy)	Signature	

