

Assist America Stand-Alone Evacuation and Repatriation Dependent Enrollment Application

Student Information

Full Name: _____ Date of Birth: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Student ID #: _____ Gender: _____ College: _____

Preferred method of contact (Check which applies): _____ Email _____

Spouse/Domestic Partner Enrollment Information

Full Name: _____ Date of Birth: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Gender: _____

Child(ren) Enrollment Information

Full Name: _____ Date of Birth: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Gender: _____

Child(ren) Enrollment Information Continued

Full Name: _____ Date of Birth: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Gender: _____

Full Name: _____ Date of Birth: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Gender: _____

Full Name: _____ Date of Birth: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Gender: _____

Dates of Coverage Selected:

Rate is Per Dependent

	Period of Coverage	Total Cost
12 Months	8/15/22-8/14/23	\$90.00
6 Months	8/15/22-2/15/23 or 2/15/23-8/14/23	\$45.00
Monthly		\$7.50

Dates of Coverage Requested for All Dependents Listed On This Form: _____

Signature Agreement: I hereby represent that all information furnished by me hereon is true and complete to the best of my knowledge.

Scholar Signature

Print Name

Date

Please complete this enrollment form email to askshi@buffalo.edu to receive payment link.