

I (please print name), _____, understand that Southern Virginia University encourages all students to maintain health insurance. I elect not to have health insurance and understand the potential risks. I will be fully responsible for any and all medical bills and will not hold Southern Virginia University responsible for the same. I will not be participating in any intercollegiate athletic teams (Varsity, JV, or Club) and understand that if I do decide to compete in athletics, I will be required to obtain health insurance prior to participation.

Full Name (Print) _____
First Middle Last

Current Address _____

City _____ State _____ Zip _____

Social Security # _____ Student ID # _____

Home Phone _____ Gender: male female

Cell Phone _____ Birth-date ____/____/____

Parent/Guardian Signature

Date

Student Signature

Date

Please direct health-related questions to:
Ginger Lanier
e-mail: ginger.lanier@svu.edu
phone: 540.261.4274

Please return forms to:
Southern Virginia University
Office of Admissions
One University Hill Drive
Buena Vista, VA 24416
Fax: 540.261.8559