

**FAMILY MEDICINE CLERKSHIP
STUDENT CONTACT INFORMATION**

Last Name		First Name	
Nickname:			
Permanent Home Address	Street Address:		
	City:	State:	
	Zip Code:		

UTHSCSA EMAIL ADDRESS:	
Home Phone Number	
Mobile Phone Number	
Pager Number	

*Please email this completed form to stetzer@uthscsa.edu OR fax to 210-567-2443. THANK YOU!