



**Student Information**

First Name	Nickname	Middle Name	Last Name
<hr/>			
Address			
<hr/>			
City	State		Zip
<hr/>			
Country	Date of Birth		
<hr/>			
Home Phone	Cell Phone		
<hr/>			
Preferred Email	Rochester Email		

**Parent 1 Information**

Name	Email	
<hr/>		
Address		
<hr/>		
City	State	Zip

**Parent 2 Information**

Name	Email	
<hr/>		
Address		
<hr/>		
City	State	Zip

**Interests:**

- Retreats       Interfaith Activities       Service Projects       Spiritual Practices
- Social       Music       Assisting with Worship       Study/Discussion Groups
- Off-Campus Visits to Religious Centers       Other: \_\_\_\_\_

**Religious Affiliations:**

- Agnostic/Atheist/Secular Humanist       Baha'i       Buddhist
- Catholic       Dao/Confucian       Hindu       Interfaith
- Jain       Jewish       Mormon (LDS)       Muslim
- Orthodox Christian       Protestant (Denomination: \_\_\_\_\_)
- Quaker       Sikh       Unitarian/Universalist
- Other Faith Tradition: \_\_\_\_\_       Non-Affiliated

**Comments/Suggestions/Needs**

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**Please provide place of worship (parish/synagogue/mosque/etc.) if applicable:**

\_\_\_\_\_

Name

\_\_\_\_\_

Street Address

City

State

Zip

**Please mail, fax, email, or submit this form online by June 30:**

University of Rochester Interfaith Chapel  
 PO Box 270501  
 Rochester, NY 14627  
**Email:** URInterfaithchapel@rochester.edu  
**Fax:** (585) 276-0203  
**Web:** rochester.edu/chapel