



ROOMMATE INFORMATION QUESTIONNAIRE

NAME: _____

EMAIL: _____

CITY: _____

STATE: _____

WORK PHONE: (____) _____

HOME PHONE: (____) _____



NICKNAME: _____

AGE: _____

UNDERGRAD SCHOOL: _____

GENDER: _____

PREVIOUS LIVING ARRANGEMENT: Alone Roommate With Parents Family

DO YOU SMOKE?: Yes No

DO YOU HAVE PETS? Yes No

WHAT KIND OF PET?: Cat Dog Other: _____

WHAT ARE YOUR HOBBIES: _____

WHAT ARE YOUR STUDY HABITS: I need absolute silence

I like background noise

I prefer to study at home

I prefer to study at school

WHAT IS YOUR HOUSEKEEPING STYLE: Ultra clean Out of sight/out of mind Mini-Chaos

DO YOU PREFER: Night owl

Early to bed, early to rise

Additional Comments: Please write any additional comments on the back of this form.

SIGNATURE: _____

Your signature allows Valparaiso University School of Law to release the above information to prospective roommates.

Valparaiso University School of Law assumes no responsibility for providing roommates, nor does Valparaiso University School of Law assume responsibility for or make recommendations about the prospective students listed in the Roommate Guide.