

American University of Beirut

Housing Department

Information on Family Status

The Housing Department is building up its records and data on matters pertaining to Housing and residents.

You are requested to fill the following form and to kindly send it back to the Housing Department.

Family Name: _____ First Name: _____
Payroll No.: _____ Maiden Name: _____
Faculty: _____ Nationality: _____
Department: _____ Position: _____
E-Mail Address: _____

Academic \$ Academic LL Non-Academic Management

Sex: Male Female

Marital Status: Single Married Divorced Widowed Separated
Other specify: _____

Dependents: Wife or Husband and Children

Name	Relationship	Sex M/F	Date of Birth DD/MM/YY	Living with you Yes/No
_____	_____	___	___/___/___	___
_____	_____	___	___/___/___	___
_____	_____	___	___/___/___	___
_____	_____	___	___/___/___	___
_____	_____	___	___/___/___	___
_____	_____	___	___/___/___	___

Signature: _____

Date: _____

Thank you for your cooperation.

Director of Housing

AC/zs

N.B.: Also, we take the opportunity to request that you inform the Housing Department of any future changes in your family status.