Boston University Real Estate 846 Commonwealth Ave Boston, Massachusetts 02215 T 617-353-4102 F 617-353-3737



Licensee Information Sheet

NSTRUCTIONS:	Please complete the requeste	ed information as fully as possible. The	ınk you.
INIT ADDRESS:			
	Licensee #1	Licensee #2 (if applie	cable)
Name:			
BU I.D. Number			
Names and Ages			
of Children			
Phone Number:			
E-Mail Address:		<u> </u>	
N CASE OF EMER	RGENCY, PLEASE CONTA	ACT:	
Name:			
Address:			
Phone:			
Relationship: —			
Affiliation: Fact	ılty: Staff: St	cudent: Department/School:	Other: