RELIGIOUS/SPIRITUAL PREFERENCE FORM



Student Information

First Name	Nickname	Middle Name	Last Name	
Address				
City		State	7in	
City		State	Zip	
Country		Date of Birth		
Home Phone		Cell Phone		
Tione Thore		Centilone		
Preferred Email		Rochester Email		
Parent 1 Informatio	n			
News		Farail		
Name		Email		
Address				
City		State	Zip	
Parent 2 Informatio	n			
Name		Email		
Address				
City		State	7in	

Interests:						
☐ Retreats	☐ Interfaith Activities	☐ Service Projects	☐ Spiritual Practices			
☐ Social	☐ Music	\square Assisting with Worship	☐ Study/Discussion Groups			
\square Off-Campus Visits to Religious Centers		☐ Other:				
Religious Affilia	tions:					
☐ Agnostic/Athe	eist/Secular Humanist	□ Baha'i	☐ Buddhist			
☐ Catholic	☐ Dao/Confucian	□ Hindu	□ Interfaith			
□ Jain	□ Jewish	\square Mormon (LDS)	☐ Muslim			
☐ Orthodox Christian		☐ Protestant (Denomination:)				
☐ Quaker	□ Sikh	\square Unitarian/Universalist				
☐ Other Faith Tradition:			□ Non-Affiliated			
Comments/Suggestions/Needs						
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