

UNM Mechanical Engineering Department

EMERGENCY CONTACT FORM

(PLEASE PRINT)

Student Information:

Date of Birth: _____ Lobo ID # _____

Program (circle one): BS MS PhD

<u>Last name:</u> _____	<u>First name:</u> _____	<u>Middle Initial:</u> _____
<u>Address:</u> _____	<u>Home phone #:</u> _____	<u>Cell phone #:</u> _____
<u>City:</u> _____	<u>State:</u> _____	<u>Zip Code:</u> _____
		<u>Email:</u> _____

In Case of Emergency:

Contact 1:

Name of "local" friend or relative: _____

Relationship: _____

Home phone #: _____

Work phone #: _____ Cell phone # _____

Contact 2:

Name of "local" friend or relative: _____

Relationship: _____

Home phone #: _____

Work phone #: _____ Cell phone # _____

Student Signature: _____ Date: _____