

MLML Emergency Contact Information DeepSea Request Form

Personal Information

Last Name: _____ First Name: _____ MI: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Social Security #: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Status

Position/Title: _____ Work Location: _____

Please circle one:

Student / State Employee / Foundation Employee / Volunteer / Temp

Indicate End Date if Volunteer or Temporary:

Date (MM/DD/Year) _____

Student Section Only:

Grade: Junior Senior Graduate

Home Campus: SJSU SFSU CSUF CSUEB CSUMB CSUSac CSUStan

Open University/Extended Education: Y / N

Optional:

US Citizen: Y / N Ethnicity: _____

Gender: M / F Date of Birth: __/____/____ Married: Y / N

Emergency Contact Info

Full Name: _____ Relationship: _____

Phone 1: (____) _____ Phone 2: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

Check Designee in case of death or incapacitation (if different from contact above).

Designee Name: _____ Relationship: _____

Phone 1: (____) _____ Phone 2: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

Do you have any medical conditions that you would like MLML to be aware of in the event of an emergency? Y / N

If yes, please explain: _____

ORINGINAL: FRONTOFFICE

COPY: FISCAL ASSISTANT

COPY: EMPLOYER