University Diver Authorization

Application

Revision Date: 06/27/18

**Personal Information (Please Print)**

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| NAME (LAST, FIRST, MIDDLE) | | | | | | | | DATE | | |
| SSN or MI Driver’s License or U-M Student ID | | | | DATE OF BIRTH | | | | | AGE | |
| U-M EMPLOYEE:  Full Time Part Time  Faculty Staff | | | STUDENT:  Graduate  Undergraduate | | | | OTHER:  Visiting Scientist Volunteer Diver  Other (Specify) | | | |
| EMPLOYMENT UNIT | | | | SUPERVISOR | | | | SUPERVISOR TELEPHONE No. | | |
| HOME ADDRESS: NUMBER, STREET, APARTMENT No. | | | | | | | | | | |
| CITY, STATE, ZIP CODE | | | | | | | HOME TELEPHONE | | | |
| CAMPUS OFFICE (ADDRESS INCLUDING CAMPUS ZIP CODE) | | | | | | | | OFFICE TELEPHONE | | |
| STUDENT CAMPUS ADDRESS (NUMBER, STREET, CITY, ZIP CODE) | | | | | | | | CAMPUS TELEPHONE | | |
| COLLEGE/SCHOOL/DEPARTMENT | | | | | | | | MAJOR | | |
| SCHOOL YEAR | GRADUATION EXPECTED | | | GRADUATE ADVISOR (IF DIVING TO BE USED IN GRADUATE STUDIES) | | | | | | |
| PERSONAL CHARACTERISTICS | | Height | | | Weight | Color of Eyes | | | | Color of Hair |
| PERSON TO NOTIFY IN CASE OF ACCIDENT (MUST BE RELATIVE OR LEGAL GUARDIAN) | | | | | | | | RELATIONSHIP | | |
| ADDRESS | | | | | | | | TELEPHONE (AREA CODE/NUMBER): | | |

**Training & Certification**

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| TYPE OF TRAINING/CERTIFICATION | DATE | LOCATION/INSTRUCTOR |
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