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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