

**UNM –Mechanical Engineering Department**  
**EMERGENCY CONTACT FORM**  
(please print)

**Student Information**

Date of Birth: \_\_\_\_\_ Lobo ID#: \_\_\_\_\_

Program: BSME    MSME    PHD

Last Name:	First Name:	Middle Initial:
Address:	Home Phone:	Cell Phone:
City:	State:      Zip code:	e-mail:

<p><b>In Case of Emergency:</b></p> <p><b>Contact 1:</b> Name of Local Friend or Relative: _____ Relationship: _____</p> <p>Home Phone No: _____ Cell/Work Phone: _____</p> <p><b>Contact 2:</b> Name of Local Friend or Relative: _____ Relationship: _____</p> <p>Home Phone No: _____ Cell/Work Phone: _____</p>
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Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_