

**University of Southern Mississippi
Athletic Training Education Program
Athletic Training Student
Personal and
Emergency Contact Information**

Please PRINT or TYPE all information below

Name _____

SS# _____ USM ID# _____ Date of Birth ____ / ____ / ____

Present Address _____

Local Phone: _____ Cell Phone: _____

Permanent Address _____

City State Zip code

EMERGENCY CONTACT INFORMATION

Mother's Name Phone # (work) Phone #(home)

Home address _____

Occupation/Company _____

Father's Name Phone# (work) Phone#(home)

Home Address _____

Occupation/Company _____

Married Students please fill out the information below:

Spouse's Name _____

Spouse's Occupation/Company _____

Phone # (work) _____ Cell Phone: _____