

**Eastern Michigan University
Athletic Training Education Program
Student Information Sheet**

Name _____ Student # _____
(Last) (First) (M.I.)

Date of Birth _____

My.emich.edu Email Address _____ (please forward your
emich.edu account to other email accounts if you do not check this regularly)

Local (Campus) Address _____ City _____

Zip _____ Local Phone _____ Cell _____

Permanent Address _____

City _____ St _____ Zip _____ Permanent Phone _____

Parents(s)/Guardian(s) Name(s) _____

I give the Athletic Training Education Program permission to use my addresses and phone numbers to post on a phone list.

Athletic Training Student's Signature _____ Date _____