



# ACL Laboratories

## Student Contact Information

Dear Student:

Please complete the form and email to:  
This information will only be shared with the departments that you will be rotating in. It also will be used to obtain your computer access if needed.

NAME: (LAST, FIRST, MIDDLE) <b>Please include your middle initial for access to our computer systems. If no middle initial, please indicate with "no mid initial"</b> <i>Last, First, middle of Last, First, no mid initial</i>
EMAIL ADDRESS: (TO COMMUNICATE REGARDING ROTATION*) <i>Use your <u>UWM</u> email address</i>
PHONE (CELL): (TO COMMUNICATE REGARDING ROTATION*) <i>Your phone number</i>
MAILING ADDRESS: (STREET, CITY, STATE, ZIP) <i>Your mailing address</i>
IN CASE OF EMERGENCY, NOTIFY ( <u>NAME</u> , <u>RELATIONSHIP</u> AND <u>TELEPHONE#</u> ) <i>Provide an emergency contact</i>