

Department of Residence Life

Emergency Contact Form

Your Information

Name: _____ Social Security: ____ - ____ - ____

Campus Address: _____ Date of Birth: _____

Permanent Address: _____

Cell #: _____ Work #: _____ Home#: _____

Medical Condition: _____

Physician: _____ Health Ins: _____ ID: _____

Emergency Contact Information (This person will be notified in case of emergency)

Name: _____ Relationship: _____

Address: _____

Cell #: _____ Work #: _____ Home#: _____

Missing Person Contact (This person will be notified in the event that you are determined missing)

The Higher Education Act allows students to choose an alternate, confidential person to be notified (instead of their designated emergency contact person) in the event that he or she goes missing. Please choose one of the options below:

☐ I would like to have the individual listed on the Emergency Contact form notified in the event that I go missing

☐ I would not like to have the individual on the Emergency Contact form notified in the event that I go missing; instead, I am authorizing the following individual to be notified:

○ Name: _____

○ Contact Number: _____

○ Relationship: _____

Please note, if you are under 17 years of age at the time that you are determined to be missing, the College will contact your parent/guardian prior to any additional possible notifications

Signature: _____ Date: _____