

**SUNY SCHENECTADY COUNTY  
COMMUNITY COLLEGE  
New York Alert Emergency Notification  
Contact System Enrollment Form**

**NAME:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(please print)

SUNY Schenectady County Community College is participating in the New York Alert Emergency Contact System. This allows College employees to be contacted by phone or e-mail if an emergency broadcast is performed by the college administration.

If you would like to participate in the New York Alert System, please complete, sign and date this form. If you do not wish to be contacted during an emergency, please check the OPT-OUT box on the form, sign and date.

**ALL NEW YORK ALERT CONTACT INFORMATION WILL BE KEPT PRIVATE AND WILL NOT BE USED FOR ANY OTHER PURPOSE.**

Phone Number: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Alternate E-Mail Address: \_\_\_\_\_

OPT-OUT: [ ]

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**Please return this form to the Human Resource Office, Elston Hall, Room 126.**

Employee ID # \_\_\_\_\_ (Completed by Human Resources)