

**Emergency Contact Form
Office of Human Resources
Elston Hall, Room 126**

Last Name: _____ **First Name** _____ **Date:** _____
(Please print)

EMERGENCY CONTACT INFORMATION

Access to the contact information will be restricted and will only be used in the event of an emergency.

CONTACT 1

Last Name _____ First _____ Middle Initial _____

Relationship (check one): Spouse Significant Other Child Other

Primary Daytime Phone _____ Alternate Phone _____

CONTACT 2

Last Name _____ First _____ Middle Initial _____

Relationship (check one): Spouse Significant Other Child Other

Primary Daytime Phone _____ Alternate Phone _____

I authorize the College to contact the individual(s) designated above in the event of an emergency.

Signature _____ Date _____