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 _____________________________