RESIDENT EMERGENCY CONTACT INFORMATION

Location Assigned to: ________________  Date: ________________

Personal information:

First Name: _____________________________  Last Name: _____________________________

Student ID #: __________________________

Your personal (Student’s) cell phone number: ______________________________

Your E-MAIL address: _____________________________________________________________

(Please note that we will ordinarily use your SE e-mail address to communicate with you. If you do not regularly check your University e-mail, please have your e-mails forwarded to your personal e-mail address.)

Emergency contact information

In the event that you are involved in an emergency, who do you want us to contact?:

Name: ____________________________  Phone: ____________________________

Relationship to you: __________________________________________________________________

In the event you are determined to be “missing”, who do you want the university to contact?

Name: ____________________________  Phone: ____________________________

Relationship to you: __________________________________________________________________