

EMERGENCY CONTACT INFORMATION

This information will only be used if you are seriously injured or die. Please provide a contact person who can make important medical and other decisions for you if you are unable to do so for yourself.

Student's Name: _____ UID: _____

EMERGENCY CONTACT PERSONAL INFORMATION:

Last Name: _____

First Name: _____

Relationship to you: _____

Language(s) spoken by this emergency contact: _____

Street Address: _____

City: _____

State/Province: _____

Country: _____

Postal Code: _____

Please write the numbers as you would dial them from the United States (Including country codes, area codes, etc.)

Home Telephone Number: _____

Work Telephone Number: _____

Cellphone Number: _____

Email Address: _____