
Your Emergency Contact Information

In the event that you are involved in an accident or other emergency while on campus, it is very important that we have on file the name(s) of the person(s) you would want to be contacted. We, therefore, urge you to complete the information requested. Return the completed form to the human resources department as soon as possible. It will then be forwarded to the personnel office for your file.

Please print.

Employee's Name: _____ ID# _____

Primary person to be notified in case of an emergency or accident:

Name: _____

Relationship to You: _____

Home Phone #: (____) _____ - _____

Work Phone #: (____) _____ - _____

Cell Phone #: (____) _____ - _____

Secondary person to be notified in case of an emergency or accident:

Name: _____

Relationship to You: _____

Home Phone #: (____) _____ - _____

Work Phone #: (____) _____ - _____

Cell Phone #: (____) _____ - _____

Additional names and numbers: *(Optional)*

*This information is confidential. It will only be used for the reasons stated above.
Thank you for your cooperation.*