



UNIVERSITY OF CALIFORNIA, WASHINGTON CENTER

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EMERGENCY CONTACT INFORMATION FORM

*Please complete the following information. All * fields are required. This information will be used only in the event of an emergency situation. Return completed form to Mary Byrne, Room 320.*

*Name

*Office Telephone

Cell Telephone

I have text messaging service (SMS) on my cell phone.

In the event of an emergency, I authorize the Center to contact me via text message.

Home Telephone

Alternate Telephone

*E-mail address

Alternate E-mail Address

Home Address

Please provide the name and telephone number of the person whom you want contacted in the case of a personal emergency.

Emergency Contact Name

Emergency Contact Telephone

*Signature

Date