

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 Sabrin Said, [sabrin.said@ucdc.edu](mailto:sabrin.said@ucdc.edu) or to Room 334.

\_\_\_\_\_  
\*Full 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