

University of California Washington Program

1608 Rhode Island Avenue, NW Washington, D.C. 20036 (202) 974-6200

BERKELEY • DAVIS • IRVINE • LOS ANGELES • MERCED • RIVERSIDE • SANTA BARBARA • SANTA CRUZ • SAN DIEGO

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 or to Room 334. *Full Name *Office Telephone Cell Telephone O I have text messaging service (SMS) on my cell phone. O 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



