EMERGENCY CONTACT INFORMATION FORM

The College of Law would like to have on file contact information for you in case of an emergency. Please complete this form and return it to the Student Services Office (Room 101).

Student Contact Information

Student Name	
Student ID	
Student's Home Phone Number	
Student's Cell Phone Number	
Emergency Contact Information	
Person to Contact/Relationship to Student	
Contact Person's Home Phone Number	
Contact Person's Work Phone Number	
Contact Person's Cell Phone Number	
Student Signature:	
Date:	
☐ By checking this box, I acknowledge that my form is completed, signed, and electronically certified.	

If this information should change, please provide updated form to Student Services in Suite 101.