

EMERGENCY CONTACT INFORMATION

Please complete this form and return to the Chancellor's Office at the Pastoral Center. This information will be maintained in your personnel file. All information is, and will remain, confidential.

Date: _____

Name: _____

S.S.N.: ____ -- ____ -- _____

CONTACT INFORMATION

Please provide names of surviving parents, brothers, and sisters, other family and close friend(s).

Name _____ Phone _____ Cell _____

Address _____ Relationship _____

City _____ State _____ Zip _____ E-mail _____

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