

**OFFICE OF INTERNATIONAL PROGRAMS
EMERGENCY CONTACT INFORMATION
In the event of Emergency Only
FALL 2006**

LAST NAME _____

FIRST NAME _____

STUDENT ID # _____

ROOM ON CAMPUS _____

ADDRESS OFF CAMPUS _____

APT # _____

STREET _____

CITY/ZIP-CODE _____

TELEPHONE

CAMPUS _____

OFF-CAMPUS _____

CELL/MOBILE TELEPHONE _____

OTHER _____

PERSON(S) WE MAY CONTACT IN AN EMERGENCY:

1ST NAME _____

RELATIONSHIP TO YOU _____

ADDRESS _____

TELEPHONE _____

CELL TELEPHONE _____

2ND NAME _____

RELATIONSHIP TO YOU _____

ADDRESS _____

TELEPHONE _____

CELL TELEPHONE _____

This information will be shared with Campus Security, and other Elizabethtown College offices in the event of emergency. Information will not be shared with students or off-campus organizations/individuals. *Please contact Registration and Records to update your off-campus address and telephone information.*