

# Student Housing Resident Emergency Contact Form

Please fill out this form clearly. This information will be kept on file in the Student Housing Office for emergency purposes only.

## Resident Information

Last Name:	<input type="text"/>	First Name:	<input type="text"/>
Student ID Number:	<input type="text"/>	Phone Number:	<input type="text"/>
Residence Hall / Building:	<input type="text"/>	Room/Apartment Number:	<input type="text"/>
Email Address:	<input type="text"/>		

## Primary Emergency Contact

Full Name:	<input type="text"/>	Relationship to Resident:	<input type="text"/>
Primary Phone:	<input type="text"/>	Alternative Phone:	<input type="text"/>
Email Address:	<input type="text"/>		
Street Address:	<input type="text"/>		
City, State, Zip:	<input type="text"/>		

## Secondary Emergency Contact

Full Name:	<input type="text"/>	Relationship to Resident:	<input type="text"/>
Primary Phone:	<input type="text"/>	Alternative Phone:	<input type="text"/>
Email Address:	<input type="text"/>		
Street Address:	<input type="text"/>		
City, State, Zip:	<input type="text"/>		

## Medical & Additional Information (Optional)

Known Medical Conditions / Allergies:	<input type="text"/>
Current Medications:	<input type="text"/>

## Authorization & Signature

I certify that the information provided on this form is accurate. In the event of an emergency, I authorize Student Housing staff to contact the individuals listed above.

Resident Signature (Sign after printing):	<input type="text"/>	Date:	<input type="text"/>
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