

ST. LAWRENCE UNIVERSITY

EMERGENCY CONTACT INFORMATION

EMPLOYEE NAME _____ SS# _____

HOME ADDRESS _____
Street P.O. Box City State

TELEPHONE # _____ CELL PHONE# _____

Please type or print below in priority order those persons whom the department or the college might approach on your behalf in case of an emergency. For each person named give full name, relationship, home and business addresses and home and business telephone numbers. You might wish to add special instruction, (for instance, that one person in a household would be better than another to inform of bad news).

EMERGENCY CONTACT #1

NAME _____ RELATIONSHIP _____

HOME ADDRESS _____
Street P.O. Box City State

BUSINESS ADDRESS _____
Street P.O. Box City State

HOME TELEPHONE _____ BUSINESS TELEPHONE _____

CELL PHONE# _____

EMERGENCY CONTACT #2

NAME _____ RELATIONSHIP _____

HOME ADDRESS _____
Street P.O. Box City State

BUSINESS ADDRESS _____
Street P.O. Box City State

HOME TELEPHONE _____ BUSINESS TELEPHONE _____

CELL PHONE# _____

*Please return this information to the Office of Human Resources for filing.
Thank you for your cooperation.*