



Emergency Contact Information Form

Date: _____

Please list the name, address and telephone numbers of at least two people that we may contact in case of an emergency. You may use this form to update your emergency contact information at any time.

(This form is for *emergency use only* and will be kept *confidential*).

First Name:	Last Name:	M.I.:
Department:		Extension:

Emergency Contact #1		
Name:		
Address:		
City:	State:	Zip:
Home telephone:	Work telephone:	
Relationship to you:		
Has this contact ever been an LMU employee/student (or is currently)? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Emergency Contact #2 (OUT OF AREA)		
Name:		
Address:		
City:	State:	Zip:
Home telephone:	Work telephone:	
Relationship to you:		
Has this contact ever been an LMU employee/student (or is currently)? <input type="checkbox"/> Yes <input type="checkbox"/> No		

****Please return the completed form to Human Resources, University Hall 1900****