



# Emergency Contact Form

**Instructions:** In the event you are involved in a life-threatening situation or emergency, please list the contact information for those person(s) Criswell College may contact. The information will be kept confidential. Please submit completed form to the Student Services office. Contact must be a person.

Please Print Clearly

## Student Information:

Student Last Name: \_\_\_\_\_ Student First Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Replace existing contacts       Add to existing contacts

## Primary Contact:

Full Name: \_\_\_\_\_ Parent/Guardian    Spouse    Child    Other Family    Friend

Address: \_\_\_\_\_  
City State Zip

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Secondary Contact:

Full Name: \_\_\_\_\_ Parent/Guardian    Spouse    Child    Other Family    Friend

Address: \_\_\_\_\_  
City State Zip

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Signature of Authorization

\_\_\_\_\_  
Student Signature Date

OFFICE USE ONLY

Entered by: \_\_\_\_\_ Date: \_\_\_\_\_