

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 U	SE ONLY	

Entered by: _____ Date: ____