



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: _____