



Emergency Contact Form

The following information will be kept confidential. 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 only people with the ability to access this contact information will be Criswell College staff.

Your Name: _____ Date of Birth: _____

Your Cell Phone: _____

Primary Contact

First Name: _____ Last Name: _____

Relation: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Secondary Contact

First Name: _____ Last Name: _____

Relation: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

To authorize the use of this information in case of emergency:

Signature: _____ Date: _____