

The Graduate School and University Center

365 Fifth Avenue, New York, NY 10016-4309

EMERGENCY CONTACT INFORMATION

Name: _____ Home Address: _____ Phone #: _____

Primary Contact Person: _____ Relationship: _____

Home Address: _____ Phone #: _____

Alternate Phone#: _____ E-mail address: _____

If the Graduate Center cannot get in touch with contact named above, name a friend or relative who may be called.

Secondary Contact Person: _____ Relationship _____

Phone #: _____

Doctor's Name: _____ Address: _____ Phone #: _____

If none of the above can be reached, what do you wish the Graduate Center to do?

(It is understood that in the final disposition of an emergency case the judgment of the Center authorities will prevail. The recommendation indicated above will be respected as far as possible).

Identify any medications you are allergic to or any chronic conditions of which emergency personnel should be aware (optional):

I agree to notify the Office of Human Resources when/if the above information changes

Signature: _____ Date: _____