

# The Graduate 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: \_\_\_\_\_