



Emergency Contact Form

Student ID A _____ Date _____

Emergency Contact Information

Last Name _____ First Name _____ MI _____

Street, PO Box _____

City _____ State _____ Zip _____

Home Phone () _____ Work Phone () _____

Cell Phone () _____

*Please note that MCLA complies with all provisions of Federal Laws protecting your privacy. This information will be kept on file with MCLA and used only in the case of an emergency.

Please note that the official means of communication used by MCLA is campus mail and First Class.

Student signature _____ date _____

Return this form to the Registrar's Office, Eldridge Hall, Room 102. Questions may be directed to the Registrar's staff or by calling x5216.