**EMERGENCY CONTACT FORM**

The purpose of this form is to provide your department with contact information in the event of an emergency.

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME** | | | |
| First Name |  | Middle Name |  |
| Last Name |  | Suffix |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **HOME ADDRESS** | | | | |
| Street Address |  | | | |
| City | | | State | Zip Code |
| **PERSONAL INFORMATION** | | | | |
| Primary Phone Number | |  | | |
| Secondary Phone Number | |  | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **This information may be shared with other members of your department for business purposes (please check one of the following):** | **Yes** |  | **No** |  |  |

**EMERGENCY CONTACT INFORMATION  
In addition to completing this form, employees are encouraged to update their emergency contact information in UCPath.**

|  |  |
| --- | --- |
| **EMERGENCY CONTACT INFORMATION** | |
| Name |  |
| Relationship |  |
| City, State/Country of Residence |  |
| Primary Phone Number |  |
| Secondary Phone Number |  |

|  |  |
| --- | --- |
| **SECONDARY EMERGENCY CONTACT INFORMATION** | |
| Name |  |
| Relationship |  |
| City, State/Country of Residence |  |
| Primary Phone Number |  |
| Secondary Phone Number |  |

|  |
| --- |
| **Comments/Special Instructions:** |
|  |

**Date the form was completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Note: Supervisors may access information for emergency contacts at UCPath Online***