

Student Emergency Contact Information



SAINT JOSEPH COLLEGE
CONNECTICUT

Student Name

Id Number

Check all that apply:

Resident Commuter Undergraduate Graduate

Emergency Contact Information



Name and Relationship

Home Phone:

Business Phone:

Mobile Phone:

Name and Relationship

Home Phone:

Business Phone:

Mobile Phone:

Name and Relationship

Home Phone:

Business Phone:

Mobile Phone:

Health Information you feel that we should know and have on file in the event of an emergency (optional)

I authorize SJC to contact the above people in case of an emergency.
Student's Signature/Date: _____

Please return this completed form to:
Office of the Registrar, McDonough Hall
Office Hours: Daily 8:30-4:30 and Thursday until 6:00
Secure Drop Box is also available and located outside Registrar's Office

This emergency information remains in effect unless rescinded in writing by the student or upon withdrawal/graduation.

Staff Use Only:
Date: _____ Entered in Computer _____
Staff Initials _____