Emergency Contact Form

Office of Student Records
Email - registrar@mercycollege.edu

STUDENT INFORMATION

Name: _____ _____ _____
First Middle Initial Last

Student ID #: _____ Phone #: _____ College Email: _____

Program of Study: _____

EMERGENCY CONTACT INFORMATION

	FRIEND OR RELATIVE NAME	ACTION	RELATION	PRIMARY PHONE	SECONDARY PHONE
1.		☐ Add Contact ☐ Delete Contact ☐ Update Contact			
2.		☐ Add Contact ☐ Delete Contact ☐ Update Contact			
3.		☐ Add Contact ☐ Delete Contact ☐ Update Contact			
4.		☐ Add Contact ☐ Delete Contact ☐ Update Contact			

By signing this form, you are authorizing Mercy College to communicate with the persons identified above (Add/Update) with regards to a health or safety emergency. This does not authorize the above persons access to any other information related to the student.

SIGNATURE

Signature not required if sent from Mercy College Email

Student Signature Date

Office: Student Records
Copy to: Student File
Last Updated: 02/18/2021