

## MONROE UNIVERSITY MISSING STUDENT EMERGENCY CONTACT FORM

Student's Name \_\_\_\_\_

Student's Cell Phone Number \_\_\_\_\_

I decline the option to provide emergency contact information.

I will provide emergency contact information. (Complete the information below, if you are under 18 years of age, you must supply contact information).

**In the event of an emergency, please contact the following individual(s):**

Mother or Father (or either guardian)

Mother (or female guardian) only

Father (or male guardian) only

Other

*Emergency Contact Information:*

Contact Name \_\_\_\_\_

Contact Address \_\_\_\_\_  
\_\_\_\_\_

Contact Home Phone \_\_\_\_\_

Contact Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**Student Signature** \_\_\_\_\_