MONROE COLLEGE
Office of Residence Life

MONROE COLLEGE 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 _____________________________________________________________