

Emergency Contact Form

Student Name _____ Manor Email Address _____

Student Phone # _____ Alternate Phone # _____

Residence Hall Student? Yes _____ No _____

Please list three (3) emergency contacts1. _____
Name Relationship to you_____
Address_____
Home Phone # Work Phone # Cell Phone #2. _____
Name Relationship to you_____
Address_____
Home Phone # Work Phone # Cell Phone #3. _____
Name Relationship to you_____
Address_____
Home Phone # Work Phone # Cell Phone #

In the event of an emergency, I give my permission for a representative from Manor College to contact any person from the above emergency contact list.

Student Signature_____/_____/_____
Date**Please complete and submit this form to the Registrar's Office located in the Basileiad Library Building, bottom floor, room 3.**

Registrar's Office use only:

Received: _____ Entered: _____ Scanned: _____ Attached: _____