



## Emergency Contact Form

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

ASUB ID NUMBER: \_\_\_\_\_

DOB: \_\_\_\_\_

ASSIGNED HALL: \_\_\_\_\_

ROOM: \_\_\_\_\_

Do you require assistance during emergency evacuations?

YES;  NO

### PERSONAL CONTACT INFORMATION:

CELL PHONE: \_\_\_\_\_

Opt Out of Alerts

PERSONAL EMAIL: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION:

*In case of emergency, if I am unable to remove my personal belongings, or if I am reported as missing, I authorize ASU-Beebe to contact and/or to release my belongings, if in good standing with ASU-Beebe, to the following individual: (If under the age of 18 must be custodial parent or legal guardian.)*

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

### MEDICAL INFORMATION:

*Medical conditions/ allergies warranting disclosure to housing staff to better a potential response to a medical emergency:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### INSURANCE INFORMATION:

Provider: \_\_\_\_\_

Group#: \_\_\_\_\_

Policy Holder: \_\_\_\_\_

Policy#: \_\_\_\_\_

*By signing this form, I acknowledge that all the information given above is correct.*

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_