

**Florida Memorial University  
Office of Residential Life**

**Student Emergency Information**

**Date:** \_\_\_\_\_

Residence Hall \_\_\_\_\_ Room # \_\_\_\_\_ Phone # \_\_\_\_\_

Student Name \_\_\_\_\_

ID # \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Permanent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Religious Preference \_\_\_\_\_

**Emergency Contact Information**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Daytime Phone # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

**Automobile Information**

Auto Make/Model/Year \_\_\_\_\_

Licensed Plate State & Number \_\_\_\_\_

Vehicle Identification # \_\_\_\_\_

License State Number & Expiration Date \_\_\_\_\_

Registered Owner of Vehicle \_\_\_\_\_

I consent to contact being made with the above mentioned party in the case of physical emergency, academic or school related matter or in any situation deemed necessary by Florida Memorial University personnel.

\_\_\_\_\_ Date \_\_\_\_\_

STUDENT SIGNATURE

