

## **FLORIDA MEMORIAL UNIVERSITY EMERGENCY DATA FORM**

*It is important that you fill in this form completely and return it to the Office of Human Resource Management. If you choose not to participate in the universities Mass Communication System, you must complete a waiver/release form located in the Office of Human Resource Management.*

### **Emergency Contact Information: (Please Print)**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Zip Code: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Cellular Number: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Relationship: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

What is your preferred method of Contact? \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_ Original Request

\_\_\_ Update