UNIVERSITY OF MARY WASHINGTON

STUDENT EMERGENCY CONTACT RECORD

PLEASE PRINT

Date:_____ Date of Birth:_____ Age:_____

Name:_____
Last First Middle

Home Address: (Street) _____

(City/State/Zip) _____

Home Telephone: _____

Email Address: _____

PERSONAL ATTRIBUTES (Optional. Completion of this section will assist emergency personnel should there be a life threatening occurrence.):

Height: feet _____ inches_____ Weight: _____

Hair Color:_____ Eye Color: _____

Gender: ☐ Male ☐ Female

EMERGENCY CONTACT INFORMATION

Name:_____

Address: (if different from above)_____

Home Telephone: (if different above)_____

Employed by:_____ Work Telephone:_____

Email address:_____

Name:_____

Address: (if different from above)_____

Home Telephone: (if different above)_____

Employed by:_____ Work Telephone:_____

Email address:_____

_____ _____
Student Signature Date

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