



UNIVERSITY OF MARY WASHINGTON

where great minds get to work

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