

Student Assistant Emergency Contact

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| **Complete form and submit to Human Resources/Payroll Office MSR 320***CMS – Personal Information>>Biographical Data***Student ID #**       **Student Name**       |
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| *CMS – Personal Information>>Emergency Contact*In the event of an emergency, please contact: |
| **PRIMARY CONTACT** | **SECONDARY CONTACT** |
| Name (Last, First):       | Name (Last, First):       |
| Street Address:       | Street Address:       |
| City:       | City:       |
| State, Zip:       | State, Zip:       |
| Home Phone: (   )       | Home Phone: (   )       |
| Mobile Phone: (   )       | Mobile Phone: (   )       |
| Other Phone: (   )       | Other Phone: (   )       |
|  [ ]  Check box if No Emergency Contact  Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

HR/Payroll (01/2016)