

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)