

California College of the Arts

EMERGENCY CONTACT FORM

Please complete the following information. This information will be maintained in your personnel file in the Human Resources office.

YOUR NAME: _____ HOME PHONE: _____
ADDRESS: _____ ALTERNATE PHONE: _____

Please list at least two people we may contact in the event of an emergency, one of whom should reside outside of your home.

1) NAME: _____ RELATIONSHIP: _____
ADDRESS: _____

HOME PHONE: _____ ALTERNATE PHONE: _____

2) NAME: _____ RELATIONSHIP: _____
ADDRESS: _____

HOME PHONE: _____ ALTERNATE PHONE: _____

RELEASE OF INFORMATION:

Oftentimes we receive requests to release an address or phone number. You may initial the level of authorization for release of information. If nothing is selected, information will only be released to your work supervisor/ department head, or in the event that your records are subpoenaed.

By initialing below, I authorize the release of my personal information to the following:

Initial

_____ Administrative Staff

_____ Faculty

Date Completed _____