

SEMESTER YEAR:  
 FALL 20\_\_  
 SPRING 20\_\_  
 SUMMER 20\_\_

LOCATION OF CLASSES:  
 OAK  
 SF  
 BOTH



# EMERGENCY CONTACT FORM

## CONFIDENTIAL

### RETURN THIS FORM TO STUDENT AFFAIRS IN OAKLAND:

5212 Broadway, Oakland CA 94618

[student-affairs@cca.edu](mailto:student-affairs@cca.edu)

fax: 510.428.1346

Student Name: \_\_\_\_\_  
Last First Middle

Student ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

#### PERMANENT ADDRESS:

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

#### LOCAL ADDRESS (if different than above):

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

### In Case of Emergency, I authorize CCA to contact:

Name: \_\_\_\_\_  
First Last

Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Day Evening

Email: \_\_\_\_\_

**Attention: If your emergency contact information changes, complete a new Emergency Contact Form and submit it to Student Affairs. [Download the form.](#)**

### Additional Information:

Allergies: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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