



## Change of Emergency Contact Information

A request to change your emergency contact information must be submitted to the appropriate office.

If you are an **employee of the university** (faculty or staff), please return this completed form to Human Resources, KEARN 211.

If you are a **student**, you must contact the Registrar's Office, KEARN 201, concerning a change of emergency contact.

**Employee Name:** \_\_\_\_\_

**Employee ID:** \_\_\_\_\_

**New Contact Name:**

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

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

Middle Initial: \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Address**

Street: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_