



## EMERGENCY CONTACT INFORMATION

In order to maximize the effectiveness of communicating with our students, completing this form will allow for the most thorough and up to date contact information. All collected information will be held in complete confidence as per the FERPA guidelines, available at <http://web.ccsu.edu/registrar/policies.asp>.

### STUDENT'S INFORMATION

\_\_\_\_\_  
First Middle Last

\_\_\_\_\_  
Student ID Number

\_\_\_\_\_  
Permanent Address: Street

\_\_\_\_\_  
CCSU Email Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Cell Phone Number

### EMERGENCY CONTACT NAME AND ADDRESS

\_\_\_\_\_  
Name of the Emergency Contact

\_\_\_\_\_  
Relationship to You (parent, spouse)

\_\_\_\_\_  
Permanent Address: Street

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Cell Phone Number

*By signing below I acknowledge that the information I have provided is accurate.*

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**Please complete this form and return to the Office of the Registrar for approval.  
Davidson Hall, Room 116, 1615 Stanley Street, New Britain, CT 06050  
Fax it to 860-832-2250 or email it to [regstaff@ccsu.edu](mailto:regstaff@ccsu.edu)**