



Emergency Contact Form

Mount St. Mary's College regards emergency contact information that you provide as confidential and will not use it for any other purpose other than as set forth herein.

Student Information

Name Last: _____ First: _____ Middle: _____
Student ID: _____ Phone: _____

Contact information of whom MSMC should contact in case of an emergency

PRIMARY EMERGENCY CONTACT

Name: _____
Relationship _____
Address: _____

City _____
State _____ Zip Code _____
Phone _____
Cell phone _____
Email _____

SECONDARY EMERGENCY CONTACT

Name: _____
Relationship _____
Address: _____

City _____
State _____ Zip Code _____
Phone _____
Cell phone _____
Email _____

Authorization information

By signing this form, I give Mount St. Mary's College authorization to contact any of the above persons in the event of an emergency.

Signature X _____ Date _____

Return this form by mail or fax to

Registrar's Office Chalon
12001 Chalon Road
Los Angeles, CA 90049
T (310) 954-4020
F (310) 954-4029

Registrar's Office Doheny
10 Chester Place
Los Angeles, CA 90007
T (213) 477-2520
F (213) 477-2519

For office use only

Date received _____ Date processed _____ Initials _____