

IMPERIAL VALLEY COLLEGE

EMPLOYEE CONTACT/ EMERGENCY NOTIFICATION INFORMATION

In an effort to accurately update and report employee contact information and reach the people that you'd like contacted in case of an emergency, please take a few minutes and complete this form. Once completed please just return it to the Human Resources Office. This information is for official use only.

Please Print or Type

Name: _____
(Last) (First) (Middle)

Home Address: _____

P.O. Box: _____
(If Applicable) (City) (Zip Code)

Personal Telephone Number: (_____) _____ Unlisted: Yes ___ No ___

In Case of Accident or Illness, Please Notify:

Name: _____

Business Telephone Number : (_____) _____ Business Hours: _____

Home Telephone Number : (_____) _____

Address: _____

Special Emergency Instructions (Optional)

Allergic To: _____

Physician To Be Contacted: _____

Telephone Number: _____

Hospital: _____

Special Instructions/Comments: _____

If Human Resources receives a signed authorization to release information (e.g. employment verification, home loans, etc.) from you, indicate whether or not you would like the following information released:

Personal Number: Yes: _____ No: _____
Address: Yes: _____ No: _____
Birth Date: Yes: _____ No: _____

Signature: _____ Date: _____