

DEPARTMENT OF MUSIC AND PERFORMING ARTS PROFESSIONS

MPAP Summer Programs Emergency Contact Sheet

Please print clearly and list emergency contact information that can be reached 24 hours/day, 7 days/week.

Student Name: _____

Student ID Number (NYU N#): _____

Section I – Personal Information

1) Student NYU E-mail: _____

2) *Where will you be living this summer?*

I am a residential student and will be living on-campus: _____ *(Skip to Section II)*

I am commuter student and will be living at the address below:

Address (No. and Street):

Apartment No.: _____ City: _____ State: _____ Zip Code: _____

3) *With whom will you be living?*

Name: _____

Relationship to Student: _____

Home Phone: (____) _____

Alternate Phone: (____) _____

Section II – Emergency Contact Information

Emergency Contact 1 – Name: _____

Relationship to student: _____ Phone: _____

Emergency Contact 2 – Name: _____

Relationship to student: _____ Phone: _____