



NAZARETH UNIVERSITY

## Emergency Contact Form

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

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Please complete the following information and provide a copy to the Human Resources Department. **Notify HR if changes occur.**

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

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

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Primary Phone: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Alternative Phone: \_\_\_\_\_

Alternative Phone: \_\_\_\_\_

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

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

\_\_\_\_\_  
Date