



Emergency Contact Information

Student Name (Please print clearly): _____

Missouri S&T Student Number: _____

Missouri S&T Email Address: _____

Please list two people not traveling with you to contact in the event of an emergency. Include a name, address, email address, and one or more phone numbers.

Contact

First Name: _____ Last Name: _____

Cell Phone: _____ Home Phone: _____

Work Phone: _____

Address: _____

Email Address: _____

Relationship: _____

Contact (If first contact is not reachable)

First Name: _____ Last Name: _____

Cell Phone: _____ Home Phone: _____

Work Phone: _____

Address: _____

Email Address: _____

Relationship: _____

By providing this information you are granting Missouri S&T permission to contact the person(s) listed as your emergency contact(s). Missouri S&T will use its discretion to determine whether an emergency exists, which may include, but not limited to, medical issues or unexplained absence.

Signature: _____

Date: _____