

Emergency Contact Information Update

Please complete and return to Human Resources as necessary to keep your records up to date.

Date: _____ **Department:** _____

ALL INFORMATION WILL BE KEPT CONFIDENTIAL.

NAME (Please type or print) _____

STREET _____ CITY _____ STATE ZIP _____

HOME PHONE _____ OFFICE PHONE _____

MAY RELEASE HOME NUMBER IN CASE OF EMERGENCY ONLY: Yes No
(Routinely, we do **not** release home numbers; we will take the requester's number, call you, and give their number to you.)

MAY RELEASE HOME NUMBER TO PCC EMPLOYEES ONLY: Yes No

PCC OFFICE LOCATION (Building and Room) _____

IN CASE OF EMERGENCY, CONTACT:

1) NAME (Please type or print) _____ PHONE (h) _____ PHONE (w) _____

STREET _____ CITY _____ STATE ZIP _____

2) NAME (Please type or print) _____ PHONE (h) _____ PHONE (w) _____

STREET _____ CITY _____ STATE ZIP _____

OTHER EMERGENCY INFORMATION (allergies, no transfusions, etc.):

