**Penn State York**

**EMERGENCY CONTACT INFORMATION**

|  |  |
| --- | --- |
| Student Name: |  |
| Student Cell Phone: (include area code) |  |
| Student ID#: |  |

List below the name, address, and telephone numbers of at least two people that we may contact in case of an emergency:

|  |  |  |
| --- | --- | --- |
| Contact # 1 | Name: |  |
| Street Address: |  |
| City, State, Zip Code: |  |
| Home Phone: (include area code) |  |
| Business Phone: (include area code) |  |
| Relationship to you: |  |

|  |  |  |
| --- | --- | --- |
| Contact # 2 | Name: |  |
| Street Address: |  |
| City, State, Zip Code: |  |
| Home Phone: (include area code) |  |
| Business Phone: (include area code) |  |
| Relationship to you: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Student Signature: |  | Date: |  |