**Penn State York**

**EMERGENCY CONTACT INFORMATION**

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| --- | --- |
| 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:

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

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

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| Student Signature: |  | Date: |  |