



# STUDENT EMERGENCY CONTACT FORM

Student's Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Student's Current Address: \_\_\_\_\_

Student's Cell Phone Number: \_\_\_\_\_

Enroll me in the Text Message Alert System. My Service Provider is: \_\_\_\_\_  
*(e.g. Verizon Wireless, AT&T)*

I will provide emergency contact information.

**In the event of an emergency, please contact the following individual(s):**

1<sup>st</sup> Contact Name: \_\_\_\_\_  
Last First Relationship to Student

Address: \_\_\_\_\_  
Street Town/City State Zip

Contact: \_\_\_\_\_  
Home Phone Cell Phone Email Address



2<sup>nd</sup> Contact Name: \_\_\_\_\_  
Last First Relationship to Student

Address: \_\_\_\_\_  
Street Town/City State Zip

Contact: \_\_\_\_\_  
Home Phone Cell Phone Email Address



Comments or instructions in case of emergency (allergies, medications, medical conditions)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I decline the option to provide emergency contact information.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please return your completed form to your faculty advisor or the Registrar's Office:*

PILLAR COLLEGE | 60 Park Place, Suite 701, Newark, NJ 07102 | T: 973.803.5000 | F: 973.230.3220 | info@pillar.edu | www.pillar.edu

For office use only:

Date Received: \_\_\_\_\_ Date Entered in CV: \_\_\_\_\_ Completed by: \_\_\_\_\_