

KINGSBOROUGH COMMUNITY COLLEGE  
The City of University of New York

EMERGENCY CONTACT INFORMATION

**NAME OF EMPLOYEE:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**DEPARTMENT:** \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Please complete information in the spaces provided below to provide at least two Emergency Contacts:

**Emergency Contact #1**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Emergency Contact #2**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_  
Employee  
ee's Signature \_\_\_\_\_ Date \_\_\_\_\_