

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's Signature

Date