



# EMERGENCY CONTACT INFORMATION



SCHOOL EMAIL: \_\_\_\_\_

NAME: \_\_\_\_\_ PERSONAL EMAIL: \_\_\_\_\_

(Last, First Middle (*SPELL OUT*))

UNIVERSITY: \_\_\_\_\_ ACADEMIC YEAR: \_\_\_\_\_ STUDENT ID: \_\_\_\_\_

SEX:  MALE  FEMALE DATE OF BIRTH: \_\_\_\_\_  
(mm/dd/yy)

ACADEMIC MAJOR: \_\_\_\_\_ ACADEMIC ADVISER: \_\_\_\_\_

PROJECTED GRADUATION DATE: \_\_\_\_\_ ACADEMIC ADVISER EMAIL: \_\_\_\_\_

LOCAL/DORM ADDRESS: \_\_\_\_\_ HOME ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

CELL PHONE #: (\_\_\_\_) \_\_\_\_\_ HOME PHONE #: (\_\_\_\_) \_\_\_\_\_

## EMERGENCY CONTACT #1

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

HOME PHONE #: (\_\_\_\_) \_\_\_\_\_

WORK PHONE #: (\_\_\_\_) \_\_\_\_\_

EMAIL: \_\_\_\_\_

## EMERGENCY CONTACT #2

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

HOME PHONE #: (\_\_\_\_) \_\_\_\_\_

WORK PHONE #: (\_\_\_\_) \_\_\_\_\_

EMAIL: \_\_\_\_\_

## AUTHORITY FOR RELEASE OF INFORMATION

By signing this statement,  I DO  I DO NOT authorize detachment personnel to discuss personal information related to my membership in the AFROTC program to my parents or guardians. Topics of concern may include, but are not limited to; medical issues, grades, scholarship and tuition payments, uniform fees, or any other issues deemed necessary by detachment personnel. This statement will be on file in my personnel records at the detachment. I may change my election at any time by filling out a new form.

\_\_\_\_\_  
Signature of Cadet

\_\_\_\_\_  
Date