

### Emergency Contact Information Form

This form is required before new students are registered for courses at WCCC so that we may contact the individuals you designate in case of an emergency. You are encouraged to keep the Enrollment & Student Services Office informed of changes to contact information listed on this form.

#### STUDENT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Mobile Phone Number: \_\_\_\_\_

Cell phone carrier:  US Cellular  Verizon  AT & T  Tracfone  Other \_\_\_\_\_ Text Updates: \_\_\_ Yes \_\_\_ No

Student ID #: \_\_\_\_\_ Email address: \_\_\_\_\_

Program of Study: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

#### EMERGENCY CONTACT INFORMATION

Closest Living Relative/Spouse: \_\_\_\_\_

Relationship: \_\_\_\_\_ Email address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Mobile Phone Number: \_\_\_\_\_

Name of Health Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_

#### LOCAL NEWSPAPER

This information is used to publish academic successes of WCCC Students.

Do you agree to having your photo and information released to local newspapers, newsletters, and social media?  Yes  No

Name of Newspaper: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

**Non-Discrimination Policy:** Washington County Community College is an equal opportunity/affirmative action institution and employer.  
For more information; please call Tatiana Osmond, Affirmative Action Officer, at 207-454-1094.