

**SUFFOLK UNIVERSITY
DEPARTMENT OF RESIDENCE LIFE & SUMMER PROGRAMS
EMERGENCY INFORMATION SHEET FALL 2009**

***We need to collect this information so that we know whom to contact should there be an emergency (medical or otherwise).
It is preferable that the person listed is your parent or guardian.***

Please clearly print all information.

Student's Name: _____ ID # _____
last/sur/family first middle

Home Address: _____ Email: _____
street

city state zip country (if not USA)

Home Telephone: (_____) _____ Student's CELL phone: (_____) _____
area/country code area/country code (we may use this number to contact you)

Name of Parent/Guardian to be reached in an emergency Phone number to call Email

Name of Parent/Guardian to be reached in an emergency Phone number to call Email

Person to notify if parent/guardian cannot be reached Relationship Phone

Important Medical Information: _____
drug allergies, prescription medications, conditions, etc. you wish to list

To update your address with the University, please contact the Registrar's Office at 617.573.8430 or stu.info@suffolk.edu