

**EMERGENCY CONTACT FORM**

**PLEASE PRINT!**

**EMPLOYEE NAME:**

\_\_\_\_\_

<b>Last</b>	<b>First</b>	<b>MI</b>
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**DEPARTMENT:** \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

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

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

**TELEPHONE:** \_\_\_\_\_

<b>PRIMARY</b>	<b>SECONDARY</b>
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**NAME:** \_\_\_\_\_

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

**TELEPHONE:** \_\_\_\_\_

<b>PRIMARY</b>	<b>SECONDARY</b>
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**Your address and emergency contact information is not a matter of public record and will not be released without your permission, in accordance with NCGS 160A-168.**