

**Middlesex Community College
Student Emergency Information Form**

Semester: _____

In order to assist students in an emergency situation on campus, it is essential for this information to be collected. This form is voluntary. This form will be made available only to personnel who may need to respond in an emergency. It will not be part of your permanent record. The form will be kept on file in the Office of the Dean of Administration.

Student's Name: _____
Last First M. Banner ID

Address: _____
Street Town State Zip

E-mail: _____

Telephone: _____
Home Cell Work

Person to notify in case of emergency: _____
Name Relationship

Address: _____
Street Town State Zip

Telephone: _____
Home Cell Work

Alternate person notify in case of emergency: _____
Name Relationship

Address: _____
Street Town State Zip

Telephone: _____
Home Cell Work

Please indicate your type of medical condition.

Physical Mobility: _____

Chronic Medical Condition: _____

Psychiatric Condition: _____

Other (Please describe): _____

Please attach your MxCC Course Schedule to this form.

Student's Signature: _____ **Date:** _____

Return the completed form to: Middlesex Community College, Office of the Dean of Administration, 100 Training Hill Road, Founders Hall Room 106, Middletown CT 06457

Questions may be directed to the Dean of Administration at 860.343.5731 or KHogan@mxcc.edu.