



Bridgewater State University Personal Emergency Contact Information

In the event of a personal emergency, please list the name and telephone numbers of an individual you would like Bridgewater State University to contact.

EMPLOYEE INFORMATION

Employee Name: _____
Last Name *First Name* *M.I.*

Last 4 Digits of Social Security

OR

Banner ID

NEW EMERGENCY CONTACT INFORMATION

Emergency Contact: _____
Last Name *First Name* *M.I.*

Relationship to Employee: _____

Contact Address: _____
Street

City *State* *Zip*

Contact Telephone Numbers: _____
Home *Work*

Cell *Other*

Employee Signature

Date

Return this completed form to the Office of Human Resources, Boyden Hall, Room 103

****Please note that in an emergency situation this information may be shared with your area vice president and/or Bridgewater State University Police Department***

Human Resources Use Only

Banner ID _____

HRCMS ID _____

HR Initials _____ Date _____