

**MEDICAL EMERGENCY,
FIRE, and
NATURAL DISASTER**

EMERGENCY INFORMATION SHEET

Name: _____ Semester: _____

College Work Office Address: _____

Permanent Address: _____

Permanent Phone Number: _____ Local Phone Number: _____

College Email: _____

Cell Phone Number: _____

Emergency Contact

Name: _____

Phone Number: _____ Cell Phone Number: _____

Physical, Communication, or Evacuation limitations that emergency responders should be aware of upon arrival:

This information will be released to University Police and any responding agencies in the event of an emergency. Questions should be directed to Disability Services Office at (315) 312-3358.

Signature: _____ Date: _____

Office Use Only

Date sent: _____ Initials: _____