



Student Housing- Resident Emergency/Missing Person Contact Information

Section I: STUDENT INFORMATION			
		Date: _____	T- Number _____
Last Name _____		First Name _____	Date of Birth _____
Hall _____	Room _____	Cell # _____	Email _____

Section II: EMERGENCY INFORMATION		<i>To be used if emergency services are called</i>	
Medical Conditions: (Allergies, Prescriptions, Disabilities) _____			
Do you require assistance during an emergency?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name of Contact Person _____		Relation to you _____	
Street Address _____		City _____	State _____ Zip _____
Home Phone _____	Cell Phone _____	Work Phone _____	Other _____

Section III: MISSING PERSON CONTACT		<i>Optional: Other than parent or guardian</i>	
*If it is determined that a resident over the age of 18 is missing, authority is granted by the resident to contact the individual named below. If no contact is named, or if the resident is not yet 18, the custodial parent /guardian will be contacted.			
Contact other than parent /guardian _____		Relation to you _____	
Home Phone _____	Cell Phone _____	Other Phone _____	

Section IV: REMOVAL OF BELONGINGS		
In case of emergency or death, I authorize UALR to release my personal belongings to the following individual:		
Name _____		Relation to you _____
Home Phone _____	Cell Phone _____	Other Phone _____

All Residents are encouraged to have medical and renters insurance.

Resident Signature

Date