



Central Connecticut State University

Start with a Dream. Finish with a Future.

Office of the Registrar

EMERGENCY CONTACT NAME AND ADDRESS FORM

STUDENT'S INFORMATION

I.D. NO: _____ DATE: _____

LAST NAME: _____ FIRST NAME: _____ M.I.: _____

(Check:) _____ UNDERGRADUATE _____ GRADUATE

EMERGENCY CONTACT NAME AND ADDRESS

NAME OF EMERGENCY CONTACT: _____

RELATIONSHIP TO YOU (Spouse, parent, etc): _____

STREET: _____

CITY, STATE, ZIP: _____

PHONE NO: () _____

CELL PHONE NO. () _____

Student's signature: _____

**Please complete this form and return to the Office of the Registrar. (fax) 860-832-2250
Office of the Registrar, Davidson Hall, Room 116, 1615 Stanley Street, New Britain, CT 06050**