

Los Rios Community College District Emergency Information Form

Employee Information:

Name (Please Print): _____ EmpID: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Social Security Number: _____

Home Phone: _____ Cell Phone: _____

Home E-mail: _____

Other E-mail: _____

In case of emergency, please notify (#1):

Name (Please Print): _____ Relationship: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Name of Employer: _____ Work Phone: _____

In the absence of the above person, please notify (#2):

Name (Please Print): _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Other Phone: _____