

Confidential Emergency Contact Information



All commuter and residential students are required to complete and return the Confidential Emergency Contact Information form. This information will be registered confidentially and accessible only to authorized Capital University officials in the event of an emergency. **Please complete the form and mail by July 1. Address to: Capital University, Student Affairs, 1 College and Main, Columbus, OH 43209-2394. You may scan and email to: studentaffairs@capital.edu.**

Student:

Name _____ Capital ID # _____ Birth date _____
Permanent Address _____ City _____ State _____ ZIP Code _____
Cell Phone () _____ First Year Student _____ Transfer Student _____

Emergency Contact Information:

Primary Contact:

_____ Parent _____ Guardian _____ Spouse

Name _____
Home Phone () _____ Cell Phone () _____ Work Phone () _____
Email _____
Address _____ City _____ State _____ ZIP Code _____

Additional Contact :

_____ Parent _____ Guardian _____ Spouse

Name _____
Home Phone () _____ Cell Phone () _____ Work Phone () _____
Email _____
Address _____ City _____ State _____ ZIP Code _____

Missing Person: Please provide a confidential contact person to be notified within 24 hours of a determination that the student is missing as established by campus safety or local law enforcement. If the student is under the age of 18, the student's parent/guardian will be notified.

(Please select)

_____ Use primary emergency contact

_____ Other Name _____

Primary Phone () _____ Secondary Phone () _____

Relationship to student _____