



# WEST VIRGINIA STATE UNIVERSITY

## EMPLOYEE EMERGENCY CONTACT FORM

Employee Name \_\_\_\_\_

Department \_\_\_\_\_

### **Emergency Contact Info:**

(1) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_

Work Telephone # \_\_\_\_\_

(2) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_

Work Telephone # \_\_\_\_\_

I have voluntarily provided the above contact information and authorize West Virginia State University and its representatives to contact any of the above on my behalf in the event of an emergency.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Return form to:**

[hr@wvstateu.edu](mailto:hr@wvstateu.edu)

or

WVSU Department of Human Resources  
P.O. Box 1000/105 Cole Complex  
Institute, WV 25112