



**OHSU GRADUATE STUDENT
EMERGENCY CONTACT INFORMATION**

Student ID: U

Student Name:

Last

First

Middle

Program:

Alternate email (not OHSU):

Emergency Contact Information will only be used for emergency situations. This information will not be released for any other reason.

Emergency Contacts:

Name:

Address:

(street, city, state)

Phone:

Relationship:

Name:

Address:

(street, city, state)

Phone:

Relationship:

Please complete this form and return to your Program Coordinator