

Attachment C

EMERGENCY CONTACT INFORMATION

THE COLLEGE OF NEW JERSEY - STUDENT TRAVEL

Student Name: _____ Student Cell Phone # _____

Emergency Contact #1 Name: _____ Relationship: _____

Address: _____

Phone numbers Work: _____ Home: _____

Cell: _____

E-mail: _____

Emergency Contact #2 Name: _____ Relationship: _____

Address: _____

Phone numbers Work: _____ Home: _____

Cell: _____

E-mail: _____

_____ I do not wish to provide any emergency contact information.