

**OREGON INSTITUTE OF TECHNOLOGY
EMERGENCY INFORMATION FORM**

NAME _____ ID# _____

List information below regarding person(s) whom you wish to be notified in the event of an injury or illness. This form is confidential and will only be used for this purpose.

Emergency Contact Information

Contact 1	Name	Phone		
Address		City	State	Zip

Contact 2	Name	Phone		
Address		City	State	Zip

Please return this form to Human Resources.

emergency contact information
9/24/2007