



Emergency Contact Information Form Office of the Registrar

Student ID # _____ Student name _____

Emergency Contact:

Name _____

Address _____

City _____ State _____ Zip Code _____

Emergency Phone Number:

Home Phone # _____

Cell Phone # _____

Emergency Contact Personal Email Address

Emergency Contact Email Address

Student's Signature

Date

Email: registrar@williamjames.edu as attached pdf
Or drop off at the Registrar's Office

Fax: 617.477.2030