

**MILLERSVILLE UNIVERSITY
EMERGENCY CONTACT INFORMATION**

In the event that you would be stricken ill or injured while you are at work, the University would like to be able to notify a person you have designated as the emergency contact. You may name anyone that you wish, providing the person's address and phone number that would be appropriate during your work hours.

Please **PRINT** the following information:

Employee Name:
(Last, First, MI)

Contact Name:

Contact Address:

City/County (if in PA):

State/ Zip:

Primary Phone:

Check if cell

Secondary Phone:
(optional)

Check if cell