

THE GRADUATE SCHOOL AND UNIVERSITY CENTER

365 Fifth Avenue, New York, NY 10016-4309

EMERGENCY CONTACT INFORMATION

Employee Name: _____ Home Address: _____ Phone: _____
Contact Person: _____
Other than home, where can someone be reached? Phone: _____ Fax #: _____ E-mail: _____
If The Graduate Center cannot get in touch with any of the above, name a friend or relative who may be called.
Name: _____ Address: _____ Phone: _____
Relationship (optional) _____
Doctor's Name: _____ Address: _____ Phone No: _____
Page No: _____

If none of the above can be reached by phone, what do you wish the Graduate Center to do? _____

(It is understood that in the final disposition of an emergency case the judgement of the Center authorities will prevail. The recommendation indicated above will be respected as far as possible).
Identify any medications you are allergic to or any chronic conditions of which emergency personnel should be aware (optional):

I agree to notify the Office of Human Resources when/if the above information changes
Signature: _____ Date: _____

Worksite Information

**WORK LOCATION: CUNY COLLEGE NAME
& ADDRESS:**

BUILDING & ROOM NUMBER:

DEPARTMENT:

SUPERVISOR'S NAME:

PHONE:

FAX:

SUPERVISOR'S ADDRESS:

SUPERVISOR'S EMAIL ADDRESS:

SUPERVISOR'S MAILING ADDRESS:
