

EMERGENCY CONTACT INFORMATION

Please provide the name and phone number for your emergency contact(s). This information will only be used in the event of an emergency. *We require at least one emergency contact on file.*

- (1) **Name:** _____ **Relationship:** _____
Phone: _____
- (2) **Name:** _____ **Relationship:** _____
Phone: _____
- (3) **Name:** _____ **Relationship:** _____
Phone: _____

BARD COLLEGE DIRECTORY INPUT

Please fill out all fields. If you do not wish a particular item to appear in the directory, please indicate that by placing an X in the box to the left of that item. We would also appreciate your input of any other changes or corrections that should be made to the current directory.

Thank you for your cooperation!

Last Name: _____ **First Name:** _____

Title: _____

Department: _____

Office Location: _____

Work Phone (Other than 758-6822): _____ **ext:** _____

Cell Phone: _____ **Non-Bard Email:** _____

Would you like your home address to appear in the directory? ___ Yes ___ No