

## Stone Center Counseling Service Student Emergency Contact Form

Student Name:

Preferred Pronouns:

Disability/Condition & Type of Accommodation Requested for Appointment:

Personal Cell Phone:

Are You Currently on Campus (Y/N) ?

If Yes:

Dorm, Room #:

Community Director:

Emergency Contact (preference parent, relative, or guardian):

Emergency Contact Relationship (preference parent, relative, or guardian):

Emergency Contact Phone (preference parent, relative, or guardian):

If No:

Address of your Current Location:

Emergency Contact in your Current Location:

Emergency Contact Relationship:

Emergency Contact Phone:

Date: