



# Update Emergency Contact Information

Purpose: Used to provide, correct, or update emergency contact information on record with the University.

## Student Instructions:

1. Complete Sections 1-3 of this form, using a computer.
2. Print the form using the 'Print Form' button.
  - a. **a handwritten form will not be accepted.**
  - b. an incomplete form will not be processed and will be returned to you for completion.
3. Sign the form in Section 4; a digital signature is **not** acceptable.
4. Submit request via one of the methods listed at the bottom of this form.

## Section 1: Student Information

Name  
*Last name, First name, Middle name* \_\_\_\_\_

Mailing Address  
*street address, city, state, zip code* \_\_\_\_\_

Former Name(s) \_\_\_\_\_ MUID \_\_\_\_\_

Phone \_\_\_\_\_ Email  
*(current students use your Marquette email address)* \_\_\_\_\_

Date of Birth  
*MM/DD/YYYY* \_\_\_\_\_ Are you currently enrolled?  Yes  No *If No: Year of Last Attendance* \_\_\_\_\_

## Section 2: Remove Emergency Contact Information

Remove primary emergency contact?  Yes  No

*If Yes, enter the name of the primary emergency contact to be removed* \_\_\_\_\_

Remove other emergency contact?  Yes  No  Not applicable

*If Yes, enter the name of the other emergency contact to be removed* \_\_\_\_\_

## Section 3: New Emergency Contact Information

Contact Name  
*Last* \_\_\_\_\_ *First* \_\_\_\_\_ *Middle* \_\_\_\_\_

Relationship to student \_\_\_\_\_ Primary Contact?  Yes  No

Address  
*Street* \_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip* \_\_\_\_\_

Phone \_\_\_\_\_ Phone Type:  Home  Cell  Work

## Section 4: Student Statement/Signature

I certify that all the information above is correct and request that my emergency contact information be updated as indicated above.

Signature \_\_\_\_\_ Date \_\_\_\_\_