

U.S. MERCHANT MARINE ACADEMY
DEPARTMENT OF HEALTH SERVICES
PATTEN HALL
300 STEAMBOAT ROAD
KINGS POINT, NY 11024-1699

EMERGENCY CONTACTS

PLEASE PROVIDE EMERGENCY CONTACTS BELOW. BY PROVIDING THIS INFORMATION, I AM AUTHORIZING THE OFFICE OF HEALTH SERVICES IN THE EVENT THAT I CANNOT SPEAK ON MY OWN BEHALF, TO NOTIFY THE EMERGENCY CONTACTS LISTED BELOW.

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Signature of Plebe Candidate	Date	Signature of Parent/Legal Guardian for Minors	Date
<hr/>		<hr/>	
Print Name		Print Name	Relationship to Plebe Candidate

PLEBE CANDIDATE'S FULL NAME: _____

PLEBE CANDIDATE'S CELL PHONE NUMBER:
(Text messaging must be enabled) _____

PLEBE CANDIDATE'S EMAIL ADDRESS: _____

Last 4 SSN: _____

DATE OF BIRTH: _____

HOME STREET ADDRESS: _____

CITY, STATE: _____

ZIP: _____

EMERGENCY CONTACT NAME #1: _____

EMERGENCY CONTACT #1 CELL PHONE NUMBER: _____

EMERGENCY CONTACT NAME #2: _____

EMERGENCY CONTACT #2 CELL PHONE NUMBER: _____