

United States 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 DEPARTMENT OF HEALTH SERVICES, IN THE EVENT THAT I CANNOT SPEAK ON MY OWN BEHALF, TO NOTIFY THE EMERGENCY CONTACTS LISTED BELOW.

Signature of Candidate

Date

Signature of Parent/Legal Guardian for Minors

Date

Print Candidate's Name

Print Parent/Legal Guardian Name

Relationship to Candidate

Requested Information

Provided Information

CANDIDATE'S FULL NAME:

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

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:
