

**DOMINICAN UNIVERSITY OF CALIFORNIA - DEPARTMENT OF RESIDENCE LIFE**

**EMERGENCY CONTACT INFORMATION**

**GENERAL INFORMATION – PLEASE PRINT**

Student Name: \_\_\_\_\_  
First Middle Last

DUC ID: \_\_\_\_\_ Date of Birth (--/--/----): \_\_\_\_\_  Male  Female  Other

Permanent Address: \_\_\_\_\_  
City State Zip Code

Cell Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Primary Emergency Contact #1 Name: \_\_\_\_\_  
First Last

Relationship to You:  Parent  Grandparent  Guardian  Other: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
City State Zip Code

Cell Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

Alternate Emergency Contact #1 Name: \_\_\_\_\_  
First Last

Relationship to You:  Parent  Grandparent  Guardian  Other: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
City State Zip Code

Cell Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

**HEALTH INSURANCE INFORMATION**

Insurance Provider: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Policy Holder Name: \_\_\_\_\_

**PRESCRIPTIONS / ALLERGY INFORMATION – PLEASE ATTACH ADDITIONAL INFORMATION IF NECESSARY**

Prescription Medication Currently Taking: \_\_\_\_\_

Allergies: \_\_\_\_\_

Other Medical Notes / Disclosures: \_\_\_\_\_

**VEHICLE REGISTRATION**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ License Plate: \_\_\_\_\_

**MISSING PERSONS CONTACT**

*In compliance with the Higher Education Act, institutions must give students the option to provide confidential contact information for a person to be notified in the event the student is officially reported as missing. If you so choose please provide information below. If no information is given, Primary Emergency Contact #1 and/or #2 may be contacted at the discretion of the University.*

Missing Persons Designated Contact (full name): \_\_\_\_\_

Relationship to You:  Parent  Grandparent  Guardian  Other: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
City State Zip Code

Cell Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_