

CONCORDIA COLLEGE

NEW YORK

ADULT EDUCATION STUDENT Emergency Notification System

Please provide the requested information as completely and accurately as possible. Your contact information will be used for **campus emergency communication only**. Your cell phone number will be designated as the Primary Phone. All numbers listed below will be called in the event of an emergency.

Student ID:	
First Name:	Last Name:
Street Address:	
City, State, Zip:	

Cell Phone:
Cell Phone Provider (ie: Verizon, Nextel):
<input type="checkbox"/> I would like to receive a text message on my cell phone.
Home Phone:
Work Phone:
Parent Phone:
Alternate Phone 1:
Alternate Phone 2:

Concordia E-mail Address:
Alternate E-mail Address:

Please return this form to the **ADULT EDUCATION OFFICE**. Thank-you.