

# CONCORDIA COLLEGE

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## NEW YORK

### FACULTY/STAFF 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.

Faculty/Staff 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:
Alternate Phone 1:
Alternate Phone 2:
Alternate Phone 3:
Alternate Phone 4:

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

Please return this form to **College Services**. Thank-you.