COLLEGE of CENTRAL FLORIDA
–an equal opportunity college–

STUDENT LIFE EMERGENCY CONTACT INFORMATION

To be submitted to the Student Life Office prior to student organization/club travel.

Club/Organization Name: _____ Advisor: _____

Advisor Cell Phone: _____ Advisor Emergency Contact: _____

Traveler			Emergency Contact	
Name	**Student ID No.**	**Cell Phone No.**	**Name/Relation**	**Telephone No.**

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