

**University System of New Hampshire
Emergency Contacts**

The following contact(s) will be on file for USNH to get in touch with in case of emergency. Please update this information via the WISE website if your emergency contacts change.

Emergency Contact # 1

Name: _____

Emergency contact phone number: _____

Emergency contact address: _____

Relationship: _____

Emergency Contact # 2

Name: _____

Emergency contact phone number: _____

Emergency contact address: _____

Relationship: _____

It is recommended that each faculty and staff member designate an emergency contact to be notified in case an emergency situation occurs while at work. The principle purpose for requesting the information on this form is to facilitate appropriate action in the event of an emergency. Furnishing any or all information on this form is voluntary. Information on this form will be transmitted only to other individuals who are deemed appropriate in connection with a health or safety emergency.

I authorize release of the indicated information under the conditions described above.

Signature _____ Date _____

Printed Name _____