

# EMERGENCY CARD

Apt # \_\_\_\_\_ UV MP FD Roommate

Date \_\_\_\_\_ Apt Phone # \_\_\_\_\_ Tenant # \_\_\_\_\_

**It is very important that you submit a new form if any of this information changes.**

Eligible Resident's Name \_\_\_\_\_ Male/Female Cell Phone # \_\_\_\_\_

E-mail \_\_\_\_\_ Work Phone # \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Male/Female Cell Phone # \_\_\_\_\_

E-mail \_\_\_\_\_ Work Phone # \_\_\_\_\_

Please list everyone else who will live in your apartment:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Birth date \_\_\_\_\_ Male/Female

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Birth date \_\_\_\_\_ Male/Female

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Birth date \_\_\_\_\_ Male/Female

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Birth date \_\_\_\_\_ Male/Female

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Would you like University Student Apartments (USA) staff & your Resident Assistant to be aware of any medical needs? If YES, please describe: \_\_\_\_\_

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Please list someone that does not live with you that USA could contact in case of emergency:

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_