

## EMERGENCY CARD

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

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

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

Birthdate \_\_\_\_\_ COO\* \_\_\_\_\_ Email \_\_\_\_\_ UNID \_\_\_\_\_

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

Birthdate \_\_\_\_\_ COO\* \_\_\_\_\_ Email \_\_\_\_\_ UNID \_\_\_\_\_

Please list everyone else who will live in your apartment:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Birthdate \_\_\_\_\_ Male/Female COO\* \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Birthdate \_\_\_\_\_ Male/Female COO\* \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Birthdate \_\_\_\_\_ Male/Female COO\* \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Birthdate \_\_\_\_\_ Male/Female COO\* \_\_\_\_\_

---

Would you like University Student Apartments staff & your Resident Assistant to be aware of any medical needs?

If YES, please describe: \_\_\_\_\_

---

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

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

\*Country Of Origin