

**Middlesex Community College  
Student Emergency Information Form**

**Semester:** \_\_\_\_\_

In order to assist students in an emergency situation on campus, it is essential for this information to be collected. This form is voluntary. This form will be made available only to personnel who may need to respond in an emergency. It will not be part of your permanent record. The form will be kept on file in the Office of the Dean of Administration.

**Student's Name:** \_\_\_\_\_  
Last
First
M.
Banner ID

Address: \_\_\_\_\_  
Street
Town
State
Zip

E-mail: \_\_\_\_\_

Telephone: \_\_\_\_\_  
Home
Cell
Work

**Person to notify in case of emergency:** \_\_\_\_\_  
Name
Relationship

Address: \_\_\_\_\_  
Street
Town
State
Zip

Telephone: \_\_\_\_\_  
Home
Cell
Work

**Alternate person notify in case of emergency:** \_\_\_\_\_  
Name
Relationship

Address: \_\_\_\_\_  
Street
Town
State
Zip

Telephone: \_\_\_\_\_  
Home
Cell
Work

**Please indicate your type of medical condition.**

Physical Mobility: \_\_\_\_\_

Chronic Medical Condition: \_\_\_\_\_

Psychiatric Condition: \_\_\_\_\_

Other (Please describe): \_\_\_\_\_

Please attach your MxCC Course Schedule to this form.

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Return the completed form to:** Middlesex Community College, Office of the Dean of Administration, 100 Training Hill Road, Founders Hall Room 106, Middletown CT 06457

Questions may be directed to the Dean of Administration at 860.343.5731 or KHogan@mxcc.edu.