



UNIVERSITY OF SAINT JOSEPH

CONNECTICUT



Student Emergency Information

1678 Asylum Avenue West Hartford CT 06117
registrar@usj.edu / www.usj.edu 860.231.5225/860.231.8396 (Fax)

Please return this completed form to:
Office of the Registrar, McDonough Hall
Office Hours: Daily 8:30-4:30 and Wednesday until 7:00
 Secure Drop Box is also available and located outside the Registrar's Office

New Student

Returning Student

This emergency information remains in effect unless rescinded in writing by the student or upon withdrawal/graduation, whichever comes first.

Student Name/Address

Id Number

Check all that apply:

Date of Birth: _____

Resident Commuter Undergraduate Graduate

Emergency Contact Information

Name and Relationship

Business Phone:

Home Phone:

Mobile Phone:

Name and Relationship

Business Phone:

Home Phone:

Mobile Phone:

Name and Relationship

Business Phone:

Home Phone:

Mobile Phone:

Health Information you feel that we should know and have on file in the event of an emergency (**optional**)

Student's Signature/ Date:

Staff Use Only:
 Date: _____ Entered in Computer _____
 Staff Initials _____