

# CONCORDIA COLLEGE

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## NEW YORK

### FACULTY/STAFF Emergency Notification System

Please provide the requested information as completely and accurately as possible. Your contact information will be used for **campus emergency communication only**. Your cell phone number will be designated as the Primary Phone. All numbers listed below will be called in the event of an emergency. You are responsible to notify College Services if any contact information changes.

Faculty/Staff ID:	
First Name:	Last Name:
Street Address:	
City, State, Zip:	

Cell Phone:
Cell Phone Provider (ie: Verizon, AT&T, Sprint, etc.):
<input type="checkbox"/> I would like to receive a text message on my cell phone.
Home Phone:
Alternate Phone 1:
Alternate Phone 2:
Alternate Phone 3:
Alternate Phone 4:

Concordia E-mail Address:
Alternate E-mail Address:

Please return this form to **College Services**. Thank-you.