



COMMUNITY COLLEGE
OF RHODE ISLAND

Office of Human Resources

TO: All Faculty and Staff

DATE:

SUBJECT: Request for information in case of accident or emergency

In the event that you are involved in an accident or other emergency while on campus, it is very important that we have on file the name(s) of the person(s) you would want to be contacted. We, therefore, urge you to fill in the information requested below and return the completed form to the Office of Human Resources as soon as possible.

Your name: _____

Department: _____

Primary person to be notified in case of accident or emergency:

Name: _____ Relationship: _____

Address: _____

Telephone Number: _____ Cell Number: _____

Secondary person to be notified in case of accident or emergency:

Name: _____ Relationship: _____

Address: _____

Telephone Number: _____ Cell Number: _____

This information is confidential. It will only be used for the reasons stated above.
Thank you for your cooperation.