

**DELAWARE TECHNICAL COMMUNITY COLLEGE**  
**EMERGENCY CONTACT FORM**

Revised \_\_\_\_\_

This confidential Emergency Contact Form will be retained in the Human Resources Office. Information will be furnished to authorized personnel ONLY in the event of an emergency.

Employee Name \_\_\_\_\_

**Primary Contact Person to be notified in the event of an emergency:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

**REMINDER: Please be sure to log on to the Portal and update your information in Banner.**

**Alternate Contact Person to be notified in the event of an emergency:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Employee Signature / Date \_\_\_\_\_

*REMINDER: It is the responsibility of employee to update this form annually, and if any information changes.*

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