



DILLARD
UNIVERSITY

Office of Human Resources
Emergency Contact Form

Employee Information:

Employee's Name: _____
Please Print

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____
Please include area code Please include area code

Dillard Email Address: _____

Alternate Email Address: _____

Emergency Contacts:

Name: _____
Phone Number: _____
Relationship: _____

Name: _____
Phone Number: _____
Relationship: _____

Name: _____
Phone Number: _____
Relationship: _____

Employee's Signature: _____ Date: _____