

**Los Rios Community College District  
Staff Emergency Information Form**

Name: \_\_\_\_\_ Emp. ID: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_  Home;  Work (non-Los Rios)  
(check type of e-mail)

**In Case of Emergency, Notify:**

**Name** (please print): \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Employer:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**In the absence of above person, notify:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_