

# EMERGENCY CONTACT FORM

In case of any emergency, please list anyone who you would like us to contact and with whom you will allow us to share information about your location, situation, and needs.

**Employee Name:** \_\_\_\_\_

**Division:** \_\_\_\_\_

## Emergency Contact #1

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

**Relationship to you:** \_\_\_\_\_

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

**Cell Phone:** \_\_\_\_\_

**Business Phone:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

## Emergency Contact #2

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

**Relationship to you:** \_\_\_\_\_

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

**Cell Phone:** \_\_\_\_\_

**Business Phone:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

**PRIVACY ACT NOTICE:** We are authorized to request the information by 5 U.S.C. Chapter 84, Federal Employees' Retirement System. We will use this information to contact individuals about you in the event of an emergency. In addition, we may share this information with law enforcement agencies and with emergency responders. You are not required to provide this information, but if you do not provide it, we may not be able to contact individuals about you in the event of an emergency.