

UCLA School of Engineering and Applied Science
EMERGENCY CONTACT INFORMATION

TO: ALL ENGINEERING PERSONNEL

In case of emergency, contact:

NAME:

ADDRESS:

TELEPHONE:

RELATIONSHIP:

IF NOT AVAILABLE, CONTACT:

NAME:

ADDRESS:

TELEPHONE:

RELATIONSHIP:

Signature: _____ DATE:

Privacy Notification

The State of California Information Practices Act of 1977 requires the University to provide the following information to individuals who are asked to supply information about themselves:

The principal purpose for requesting the information on this form is to provide emergency information. University Policy authorizes maintenance of this information.

Furnishing the information requested on this form is voluntary. There is no penalty for not completing the form. The information furnished on this form will be transmitted to the state and federal governments if required by law.

Individuals have the right of access to this record as it pertains to themselves.