

Emergency Information and Notification Authorization

I request that the following person(s) be contacted by The Company on my behalf in the event of an emergency:

In-State Contact

Name _____ Relationship _____

Address _____

Phone (Work) _____ (Residence) _____

Out-of-State Contact (in case of disaster)

Name _____ Relationship _____

Address _____

Phone (Work) _____ (Residence) _____

Print Name Signature

I do not wish emergency notification of any person by the Company on my behalf.

Print Name Signature