



CONFIDENTIAL EMERGENCY CONTACT

**SNOW
COLLEGE**

**RESIDENCE
LIFE**

150 College Avenue
Ephraim, UT 84627
435.283.7000
www.snow.edu

Please complete the form below, printing legibly. The Emergency Contact information must be completed in full. Once completed please return to the Office of Residence Life in the Greenwood Student Center. To maintain student confidentiality, **we will only accept forms completed and signed by the resident and returned in person.**

Snow College ResidenceLife is required to gather and maintain the "Confidential Emergency Contact" name and number. Only the Director of Residence Life or his/her designee will have access to this information. Upon a confirmed report of a missing Residence Life student, the appropriate confidential emergency contact information will be released to a Campus Public Safety Officer or local Law Enforcement by the Residence Life Director or his/her Designee.

RESIDENT INFORMATION

Full Name: _____

Building: _____

Room #: _____

Phone: _____

E-mail: _____

Please identify the **Confidential Emergency Contact** you would like to be contacted in the event you are reported as a missing person. For information on how this contact will be used, please see our Missing Person Policy at <http://www.snow.edu/housing/missing.html>.

CONFIDENTIAL EMERGENCY CONTACT

Full Name: _____

Phone: _____

E-mail: _____

Please return the completed form to the Office of Residence Life. In the event the resident does not provide a "confidential" contact and/or until the information is received, the College will use the emergency contact provided in the Residence Life application.

Signature

Date