

# CSU, CHICO UNIVERSITY EMERGENCY INFORMATION

(Fill in only sections that apply)

**STUDENT**

**Please Print Legibly**

Today's Date: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_  
 Birth Date \_\_\_\_-\_\_\_\_-\_\_\_\_    Male \_\_\_\_ Female \_\_\_\_    Social Security Number \_\_\_\_\_-\_\_\_\_-\_\_\_\_    Middle Initial \_\_\_\_\_

**FATHER**

Please Print Name and Address of Parents

Mr.  Dr.    **LAST** \_\_\_\_\_    First \_\_\_\_\_    M.I. Suffix (Jr., III, etc.) \_\_\_\_\_  
 Street \_\_\_\_\_    Apt \_\_\_\_\_ Unit \_\_\_\_\_ Space \_\_\_\_\_  
 City, State, \_\_\_\_\_    Zip Code \_\_\_\_\_  
 Country (if not U.S.A.) \_\_\_\_\_ Home phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_     Attended  Graduated from CSU, Chico  
 Company name \_\_\_\_\_ Bus. phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ extension \_\_\_\_\_  
 Title \_\_\_\_\_

**MOTHER**

Mrs.  Ms.  Dr.    **LAST** \_\_\_\_\_    First \_\_\_\_\_    M.I. Suffix (Jr., III, etc.) \_\_\_\_\_  
 Street (if same as FATHER leave blank) \_\_\_\_\_    Apt \_\_\_\_\_ Unit \_\_\_\_\_ Space \_\_\_\_\_  
 City, State, \_\_\_\_\_    Zip Code \_\_\_\_\_  
 Country (if not U.S.A.) \_\_\_\_\_ Home phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_     Attended  Graduated from CSU, Chico  
 Company name \_\_\_\_\_ Bus. phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ extension \_\_\_\_\_  
 Title \_\_\_\_\_

**NEXT-OF-KIN**

If you wish someone other than your parents notified, in the case of an emergency, also complete the following:

Please print name and address of SPOUSE \_\_\_\_ OTHER \_\_\_\_\_    State Relationship \_\_\_\_\_  
 Mr.  Mrs.  Ms.  Dr.    **LAST** \_\_\_\_\_    First \_\_\_\_\_    M.I. Suffix (Jr., III, etc.) \_\_\_\_\_  
 Street \_\_\_\_\_    Apt \_\_\_\_\_ Unit \_\_\_\_\_ Space \_\_\_\_\_  
 City, State, \_\_\_\_\_    Zip Code \_\_\_\_\_  
 Title \_\_\_\_\_ Home phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Company name \_\_\_\_\_ Bus. phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ extension \_\_\_\_\_

Do you have a brother  or sister  currently attending CSU, Chico? If yes, list their (name(s):

\_\_\_\_\_

This information is to be used for notification purposes in the event of an emergency.  
 In addition, the University may wish to distribute approved campus information.  
**FAILURE TO COMPLETE THIS FORM WILL RESULT IN A "HOLD" BEING PLACED ON YOUR REGISTRATION.**  
**If you have questions contact Advancement Services, 530-898-5297, Fax: 530-898-4747**  
**Return form to: Advancement Services • Sapp Hall • CSU, Chico • Chico, CA 95929-0155**

Please fold on dotted line leaving the address showing.  
Please affix a postage stamp and tape closed.

**Return Address**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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**THE OFFICE OF UNIVERSITY DEVELOPMENT  
CALIFORNIA STATE UNIVERSITY, CHICO  
400 W 1ST ST  
CHICO, CA 95929-0155**

