



Office of Residence Life
**Thorn Flats Emergency
Contact Form**

STUDENT INFORMATION

First Name:	Last Name:
Student ID #:	DOB: / /
Primary Contact #: _____ - _____ - _____	
Home Address:	
Thorn Flats Address:	
1st EMERGENCY CONTACT	
Name:	Relationship:
Cell Phone:	Home Phone:
Email Address:	
2nd EMERGENCY CONTACT	
Name:	Relationship:
Cell Phone:	Home Phone:
Email Address:	
<p>Disclosure Statement Your signature gives Lincoln University's Office of Residence Life the right to disclose information to one or both of the above parties in the event of an emergency. Emergencies will be determined on a case basis by the university. If a posed threat is presented, then the University has the right to protect the safety of other students and administrators and contact one or both of the above.</p>	
_____	_____
Student Signature	Date