

HUMAN RESOURCES DEPARTMENT

LAGUARDIA COMMUNITY COLLEGE

31-10 Thomson Avenue
Long Island City, NY 11101

EMERGENCY CONTACT INFORMATION

Date _____

EMPLOYEE'S NAME: _____

DEPARTMENT: _____

ADDRESS: _____

PHONE: _____

CITY & STATE: _____

ZIP CODE: _____

IN CASE OF EMERGENCY OR ILLNESS, PLEASE LIST THE NAME OF THE PERSON(S)
TO BE CONTACTED:

1. NAME: _____

ADDRESS: _____

PHONE: _____

2. NAME: _____

ADDRESS: _____

PHONE: _____