Authorization

For

Emergency Contact

I, _____ hereby authorize Alabama State University, Office of Disability Services and/ or its representatives to contact the following person's in case of an emergency.

Please Print:

_____ _____

Name/ Relationship **Phone #:**

_____

Alternate #:

_____ _____

Name/ Relationship: **Phone #:**

_____

Alternate #:

_____ _____

Student's Signature/ Student I.D. #: **Date**