



Graduate Studies Emergency Contact Form

Any personal information collected on this form is protected under the Freedom of Information and Protection of Privacy Act. The information you provide will be used to update your OCAD U records. These records are only viewed by OCAD U administrative staff and are not released to any other parties.

Student Information

Last Name:

First Name:

Student Number:

I agree that in the event of an emergency affecting my health and safety, the following individual(s) may be contacted:

Student Signature:

Date:

Emergency Contact (to be completed by the emergency contact individual, who must be age 19 or older)

Last Name:

First Name:

Relationship to Student:

Daytime #:

Evening #:

Mobile #:

Email:

I understand that OCAD University may release my personal information to this contact in the case of an emergency.

Student Signature:

Date:

Alternate Emergency Contact (to be completed by the emergency contact individual, who must be age 19 or older)

Last Name:

First Name:

Relationship to Student:

Daytime #:

Evening #:

Mobile #:

Email:

I understand that OCAD University may release my personal information to this contact in the case of an emergency.

Student Signature:

Date: