

Lamar State College Port Arthur

A Member of *The Texas State University System*

UPDATE: EMERGENCY CONTACT NUMBER

Please update your emergency contact number. The information collected is treated as highly confidential. To be used for obtaining services in a medical emergency. Your cooperation in completing this form is appreciated.

EMPLOYEE NAME: _____
PHONE: _____ EMPLOYEE ID: _____
DEPARTMENT: _____ DEPT. PHONE: _____

EMERGENCY NOTIFICATION:

In the event of an emergency I authorize the following contact (s):

NAME: _____
RELATIONSHIP: _____ TELEPHONE NUMBER: _____

NAME: _____
RELATIONSHIP: _____ TELEPHONE NUMBER: _____

RELEASE OF PERSONAL INFORMATION

The Texas Government Code Section 552.024, provides you the option of prohibiting public access to your home address, home phone number, social security number, information that reveals whether you have family members during and after employment, and emergency contact information. This information is subject to release if requested under the Texas Public Information Act, unless otherwise specified.

Emergency contact information	<input type="checkbox"/> Yes- Release to Public	<input type="checkbox"/> No- Do Not Release to Public
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Signature of Employee

Date