

# Emergency Contact Form

## Office of the Registrar

**Instructions:**

The preferred method of updating your emergency contact information is through your SONIS student portal. Otherwise, complete this form and return it to the Office of the Registrar by

- Mail or In-Person: Office of the Registrar 120 N Clovis Ave. Clovis CA 93612
- Email: registrar@chsu.edu
- Fax: 559-473-1487 Attn: Office of the Registrar

**Emergency Contact #1 (Required)**

Please provide at least one emergency contact, but two is best.	Name _____		
	Relationship _____		
	Street _____		Apt. No. _____
	City _____	State _____	ZIP Code _____
	Home Phone _____		Cell Phone _____

**Emergency Contact #2**

If you are a student here from out of the area, we recommend that you provide one emergency contact that is local.	Name _____		
	Relationship _____		
	Street _____		Apt. No. _____
	City _____	State _____	ZIP Code _____
	Home Phone _____		Cell Phone _____

Print Full Name (First, MI, Last) \_\_\_\_\_

Date \_\_\_\_\_

 \_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 SONIS Student ID

<b>For Office of the Registrar Use Only</b>	
Date Received: _____	Received By: _____