

**OFFICE OF THE CHIEF FINANCIAL OFFICER
Mott Community College**

Emergency Contact or Parent/Guardian Release Form

Date: _____

Please check appropriate information: Student _____ Advisor: Faculty/Staff _____

Name of Club/Organization: _____

Travel Destination (city & state): _____

Travel Duration: _____

If under 18 years of age, must be signed by a Parent or Guardian: _____

All information in box must be completed. PLEASE PRINT

Student Name: _____

Home Address: _____

City, State and Zip Code: _____

College ID#: _____ Birth Date: _____

Emergency Contact Person Information:

Name: _____ Relationship: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Name of Insurance Company: _____

Policy Number: _____

List Name of Primary Cardholder: _____