



**OHIO VALLEY**  
UNIVERSITY

# EMERGENCY CONTACT FORM

**OVU Student Life**  
1 Campus View Drive, Vienna, WV 26105-8000  
304.865.6084 | www.ovu.edu/studentlife

## PERSONAL INFORMATION

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name (last, first, middle initial): \_\_\_\_\_ Sex:  Male  Female

Address (Street or PO Box): \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Marital Status:  Single  Married  Other

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_ Country of Birth: \_\_\_\_\_ Class you are entering: FR SO JR SR Re-admit

## EMERGENCY CONTACT

Name of next to kin to be notified in case of emergency: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

If parent or guardian out of US list local US emergency contact name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Physician Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

## CONFIRMATION

I certify that the information provided on this form is true and complete to the best of my knowledge. I realize that the information given is confidential and for the use of OVU Student Life.

\_\_\_\_\_  
Parent/Guardian Signature Date

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