UNIVERSITY OF HAWAI'I CHANGES OR CORRECTIONS OF PERSONAL DATA

EMERGENCY CONTACT INFORMATION (FOR INTERNAL USE ONLY)

| Employee's F | irst Name | | Last Name | | UH ID# |
|----------------------------------|----------------------|--------------------|--|-----|-----------------------|
| Campus Contact Telephone Number | | | Dept/Program Contact Telephone Number | | |
| | | | | | |
| | | CHANGE IN E | EMERGENCY CONTA | CT | |
| Primary Contact | r(s): | Name | | | Relationship |
| Contact Telephone Number | | | Contact Telephone Number | | |
| Alternate (option | nal): | Name | | | Relationship |
| Contact Telephone Number | | | Contact Telephone Number | | |
| | | HEALTH INF | ORMATION (Volunta | ry) | |
| Hospital Pr | eference (may not ap | oply in medical en | nergency) | | |
| | | | e.g., allergic reaction to delegic reactions in top de | | ation, allergies etc) |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | and authorize the releas cy contacts may be notif | | |
| | Employee's Signa | ature | | | Date |