CONTACT INFORMATION FORM

In compliance with the Missing Student Procedures 20 USC 1092 (j) (Section 488 of the Higher Education Opportunity Act of 2008), it is the policy of Northwestern State University Student Affairs and University Police to investigate any report of a missing student who resides on-campus at Northwestern State University.

Each student living in an on-campus student housing facility has the option to identify an individual to be contacted by the university and register confidential contact information in the event that the student is determined to be missing for a period of more than 24 hours. Only authorized campus officials and law enforcement officers in furtherance of a missing person investigation may have access to this information.

If the resident student is under 18 years of age, and not an emancipated individual, you must complete this form and your emergency contact must be a custodial parent or guardian.

Student’s Name: ________________________________
Student’s CWID #: ____________________________ Date of Birth: ____________
Campus Housing Assignment: ________________________________

IN CASE OF EMERGENCY Contact: ________________________________
Address: __________________________________________
City: __________________________ State: __________ Zip: __________
Home Phone: __________________________ Cell Phone: __________________________
Work Phone: __________________________ Email: __________________________

2nd Contact: ________________________________
Address: __________________________________________
City: __________________________ State: __________ Zip: __________
Home Phone: __________________________ Cell Phone: __________________________
Work Phone: __________________________ Email: __________________________

I do not wish to identify an emergency contact person in accordance with the Missing Student Notification Policy.

I have read the Northwestern State University Missing Student Policy and understand that the individual listed above will be contacted should I be deemed missing for more than 24 hours.

_________________________ ________________________
Name Date