

# UNIVERSITY OF CALIFORNIA, IRVINE

BERKELEY • DAVIS • IRVINE • LOS ANGELES • MERCED • RIVERSIDE • SAN DIEGO • SAN FRANCISCO



SANTA BARBARA • SANTA CRUZ

Student Housing  
(949) 824-6811

G458 Student Center  
Irvine, CA 92697-3250

## EMERGENCY CONTACT INFORMATION FORM

**Student Name:** \_\_\_\_\_ **Student ID:** \_\_\_\_\_  
*Last First MI*

Class Standing: \_\_\_\_\_ UCI Email: \_\_\_\_\_

Year Admitted: \_\_\_\_\_ NT to Degree: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Program: \_\_\_\_\_ Native Language: \_\_\_\_\_

### CAMPUS ADDRESS

Bldg/Apt: \_\_\_\_\_

Room: \_\_\_\_\_ Room Type: \_\_\_\_\_

### PERMANENT ADDRESS

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

City: \_\_\_\_\_

State, Zip: \_\_\_\_\_ Country: \_\_\_\_\_

### ADDITIONAL INFORMATION

Domestic Status: \_\_\_\_\_ ☐ M ☐ F

Personal Email: \_\_\_\_\_

Phone #: \_\_\_\_\_  
*Primary Secondary*

### MEDICAL CONSIDERATIONS *Allergies, Conditions, Etc.*

### PARENT/GUARDIAN EMERGENCY CONTACT ☐ *Address same as Permanent Address*

*The emergency contact information listed below will be used only for emergency purposes (e.g. in the event of an accident) and will only be disclosed in emergency situations to appropriate 3rd parties, (e.g. ambulance service, UCIPD, and University officials). You should notify the individual you have named below that you have provided us with this information and we will hold this information on file whilst you are living in UCI owned on-campus housing. It is your responsibility to notify the Departmental Office as soon as possible should any of your contact details change.*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
*Last First MI*

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

City: \_\_\_\_\_ Phone #: \_\_\_\_\_  
*Primary Secondary*

State, Zip: \_\_\_\_\_ Country: \_\_\_\_\_ Preferred Language: \_\_\_\_\_

### Non-Local Emergency Contact

*In case of an emergency that might prevent your Parent/Guardian Emergency Contact from being contacted, we ask that you also provide us with a secondary contact that does not live with you or within the same general geographical area.*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
*Last First MI*

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

City: \_\_\_\_\_ Phone #: \_\_\_\_\_  
*Primary Secondary*

State, Zip: \_\_\_\_\_ Country: \_\_\_\_\_ Preferred Language: \_\_\_\_\_

*I have verified the accuracy of the information above, and I understand that I am responsible for keeping the Housing Office aware of any changes.*

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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## CONFIDENTIAL CONTACT INFORMATION FORM

**Student Name:** \_\_\_\_\_ **Student ID:** \_\_\_\_\_  
*Last First MI*

Class Standing: \_\_\_\_\_ UCI Email: \_\_\_\_\_

Year Admitted: \_\_\_\_\_ NT to Degree: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Program: \_\_\_\_\_ Native Language: \_\_\_\_\_

### CONFIDENTIAL CONTACT

*Information same as Parent/Guardian Contact*

☐

*In the event notification is received that a student living in UCI owned on-campus housing is determined missing, the University will follow established procedures known as the Missing Student Policy Document ([www.housing.uci.edu/communityLife/Health\\_and\\_Safety.html](http://www.housing.uci.edu/communityLife/Health_and_Safety.html)). You can name a confidential contact below for the University to notify in the event you are missing. The identity of your contact will be kept confidential and cannot be accessed by anyone except a limited number of authorized UCI officials and local law enforcement, if needed.*

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
*Last First MI*

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

**City:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_  
*Primary Secondary*

**State, Zip:** \_\_\_\_\_ **Country:** \_\_\_\_\_ **Preferred Language:** \_\_\_\_\_

I have verified the accuracy of the information above, and I understand that I am responsible for keeping the Housing Office aware of any changes to this information.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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## CONSENT TO RELEASE INFORMATION FORM

I do hereby consent to the release and full disclosure of information pertaining to or associated with my residency in any on-campus housing facility managed by the UC Irvine Student Housing department where the housing contract associated with said residency commences in the current academic year. Information that may be disclosed falls into two classes/categories:

- 1) **FINANCIAL**: pertains to any and all financial obligations incurred by me associated with my residency in on-campus housing
- 2) **RESIDENCE LIFE**: pertains to all matters or records concerning my status as a resident in on-campus housing not pertaining to financial obligations. This includes, but is not limited to: grades, personal email address, on-campus address, and phone number, permanent address and phone number, student conduct, administrative process, resident or community relations, and matters of health and well-being.

☐ I give consent to have **FINANCIAL** information disclosed to the persons named below. By giving consent, said person or persons are also hereby authorized to act on my behalf to request alternative payment arrangements as they pertain to the on-campus housing contract referenced in the initial paragraph.

☐ I give consent to have **RESIDENCE LIFE** related information disclosed to the persons named below.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Last First MI

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Last First MI

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Last First MI

I hereby release the University of California, Irvine, UC Irvine Student Housing staff, or others from any and all liability or damage which may arise as a result from furnishing this information. By signing below, I acknowledge that I have read and fully understand the aforementioned information. This consent will remain in effect until I rescind this consent in writing to UC Irvine Student Housing.

Student Name: \_\_\_\_\_  
*Print name as shown on your Student Housing Contract*

Student ID: \_\_\_\_\_

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

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

No information concerning your account or your resident status will be released unless this form is properly completed and submitted at the above address. If you have any questions or concerns, please contact a Student Housing Accounts Counselor at (949) 824-3333, or you may email [shac@uci.edu](mailto:shac@uci.edu). Information regarding "Policies Applying to the Disclosure of Information from Student Records" governed by the Family Educational Rights and Privacy Act (FERPA) may be obtained from the UCI Student Life & Leadership (Dean of Students) web site at [www.dos.uci.edu/conduct/students/code-of-student-conduct-student-rights.php](http://www.dos.uci.edu/conduct/students/code-of-student-conduct-student-rights.php)

**NOTE:** Even though our office will not release personal information unless authorized to do so, the Registrar's Office, in accordance with the Freedom of Information Act, WILL release information to the public. Therefore, if you want any of the above information restricted, go to [www.reg.uci.edu/studentaccess/](http://www.reg.uci.edu/studentaccess/) and click on Change of Address, to specify whether you would like the information released to the general public.