

**St. Thomas More College  
Emergency Contact Information Form**

Last name	First Name

<b>Name:</b> _____	<b>Relationship:</b> _____
<b>Phone:</b> _____	
<b>Cell:</b> _____	
<b>Name:</b> _____	<b>Relationship:</b> _____
<b>Phone:</b> _____	
<b>Cell:</b> _____	

**Comments- Expanations- Additional Information:**

<b>Employee Signature</b>

Please submit this form directly to payroll.