

**Macon State College**  
**Office of Residence Life**  
**Missing Person Contact Information (preferably someone in the US)**

The Office of Residence Life considers the safety and security of student residents to be a primary concern. All residential students are required to complete this Missing Person Contact Information form as a part of the check-in process. This form requests contact information for the student resident and for two people who will be utilized in cases in which the student is believed to be missing and cannot be contacted or located by college personnel. It is the student's responsibility to notify roommates or members of the Residence Life staff if he/she will be away from the campus for an extended period of time.

Residents under the age of 21 must list a parent or legal guardian as one of the two contacts.

**Student's name:** \_\_\_\_\_ **MSCID #926-** \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

**First Emergency Contact Name:** \_\_\_\_\_

Relationship to the Student: \_\_\_\_\_

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

\_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

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

**Second Emergency Contact Name:** \_\_\_\_\_

Relationship to the Student: \_\_\_\_\_

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

\_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

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

I understand that a member of the Residence Life staff has the right to contact the individuals listed above in the event they believe doing so is required to protect my safety or the safety of the members of the college community.

I understand it is my responsibility to update this information as necessary.

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

\_\_\_\_\_  
Date