



Emergency Contact Form

Student Data

Y E A R	01	Fall Term	ID
Y E A R	02	Spring Term	

Current Mailing Address

Name in English	
Name in Arabic	
P. O. Box Number	City
Emirate:	Home Phone:
	Mobile Phone:
	E-Mail:

Emergency Contact Information

First Emergency Contact	Name in English
Relationship to Student	
Address P.O.Box City Emirate	155
Phone Number Home Mobile	
Second Emergency Contact	Name in English
Relationship to Student	
Address P.O. Box City Emirate	155
Phone Number Home Mobile	

Comments

Authorization

I hereby authorize Zayed University to contact the above persons in event of an emergency.

Student's Signature	Date
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