

Confidential Contact Information

PRINT NAME

STREET ADDRESS (HOME) CITY STATE ZIP

CAMPUS RESIDENCE (IF APPLICABLE) PHONE NUMBER DATE OF BIRTH

SOCIAL SECURITY NUMBER STUDENT ID NUMBER (IF APPLICABLE)

CONFIDENTIAL CONTACT NAME

STREET ADDRESS (HOME) CITY STATE ZIP

CAMPUS RESIDENCE (IF APPLICABLE) PHONE NUMBER DATE OF BIRTH

SOCIAL SECURITY NUMBER STUDENT ID NUMBER (IF APPLICABLE)

Does this confidential contact have any informational sheets with your photograph, personal information, fingerprints, etc.? **YES NO**

Does this confidential contact understand that in the event you are reported missing, he/she will be the sole contact for police? **YES NO**

Do you wish to have police contact your parents and/or legal guardian(s) in the event you are reported missing with investigative information? **YES NO**

If I am under 18 years of age, and not legally emancipated, I understand that police will contact my parents and/or legal guardians with details of the investigation. If I am under 18 years of age, and legally emancipated, I have included a copy of the appropriate legal documents to verify the emancipation.

I may change any of the above information at any time, in writing, with the Notre Dame College Police Department by resubmitting this document. I understand that completing the appropriate confidential contact information and any supplemental informational documents does not guarantee any investigative results. As such, I release Notre Dame College, its employees, subsidiaries, and any other law enforcement agencies assisting, of any liability associated with the investigation.

Student

Signature: _____

Date: ____/____/____

Printed Name: _____

Time: _____ AM PM

Confidential Contact

Signature: _____

Date: ____/____/____

Printed Name: _____

Time: _____ AM PM