



**C I V I L I A N P O L I C E A C A D E M Y E M E R G E N C Y
C O N T A C T I N F O R M A T I O N**

PRINCIPAL PURPOSE for which information is intended to be used: Person(s) to be notified in case of emergency.

DISCLOSURE of the information is **voluntary**, but failure to provide this information may result in the Albany County Sheriff's Office inability to notify the next of kin in a timely manner or to notify you during emergency situations of mission-related issues.

Name: _____

Home Address: _____
Street Address City State Zip code

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail (Home): _____

Emergency Contacts

Primary person to be notified in case of an emergency:

Name: _____

Relationship: Relative _____ Friend _____ Other _____

Home Address: _____
Street Address City State Zip code

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail Address: _____

Secondary person to be notified in case of emergency:

Name: _____

Relationship: Relative _____ Friend _____ Other _____

Home Address: _____
Street Address City State Zip code

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail Address: _____