



Student Emergency Contact Information

Student First & Last Name: _____

Student Email (@dcad.edu): _____

In case of an emergency due to a sudden illness or injury to you, please list a contact person(s):

Primary Emergency Contact:

Name _____

Phone Number: _____ Relation: _____

Alternate Phone: _____ Email: _____

Secondary Emergency Contact:

Name _____

Phone Number: _____ Relation: _____

Alternate Phone: _____ Email: _____

Emergency Notification System:

Delaware College of Art and Design, like all other academic institutions, is responsible for delivering emergency notifications to all students, faculty and staff in an expedited time frame. In order to deliver this information quickly and efficiently, DCAD utilizes Populi. These notifications will be sent to your DCAD email as a primary contact. Each person is required to provide a secondary contact method below.

Student Cell Phone Number: _____

By signing below, you grant permission to DCAD to use the following method of contact to the provided cell phone:

Student Signature: _____