

EMERGENCY INFORMATION

State Privacy Notification

The State of California Information Practices Act of 1977 (effective July 1, 1978) requires the University to provide the following information to individuals who are asked to supply information about themselves.

The principal purpose for requesting the information on this form is to facilitate appropriate action by your department in the event of an emergency circumstance involving you. University policy and State statutes authorize maintenance of this information.

Furnishing any or all information on this form is voluntary. Information on this form may only be transmitted to other individuals who are deemed appropriate in connection with a health or safety emergency, and will be transmitted to the State and Federal governments if required by law.

Individuals have the right to review their own records in accordance with Academic Personnel Manual Section 158, Personnel Policies for Staff Members, Policy and UCD Procedure 80, or the applicable collective bargaining agreement. These policies are available on-line at <http://manuals.ucdavis.edu>.

The official(s) responsible for maintaining the information contained on this form is (are):

_____ Office _____ Department Head and/or Designee

Name _____ Date _____

Home Address _____

Home Telephone _____

Please indicate person(s) to be contacted in case of severe illness, accident or other emergency circumstance.

Name _____ Relationship _____

Address _____

Telephone _____

Name _____ Relationship _____

Address _____

Telephone _____

Physician _____ Telephone _____

Address _____

Name of Health Insurance Carrier _____

ID# _____ Group or Account No. _____ Coverage _____

Other information or instructions _____
