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Instate: 800-210-6932
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Emergency Contact Information Form

This form is required before new students are registered for courses at WCCC so that we may contact the individuals you designate in case of an emergency. You are encouraged to keep the Enrollment & Student Services Office informed of changes to contact information listed on this form.

STUDENT INFORMATION

Last Name: _____ First Name: _____ M.I.: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Mobile Phone Number: _____

Cell phone carrier: US Cellular Verizon AT & T Tracfone Other _____ Text Updates: ___Yes ___No

Student ID #: _____ Email address: _____

Program of Study: _____ Date of Birth: _____

EMERGENCY CONTACT INFORMATION

Closest Living Relative/Spouse: _____

Relationship: _____ Email address: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Mobile Phone Number: _____

STUDENT HEALTH INSURANCE INFORMATION

Name of Health Insurance Company: _____ Policy Number: _____

Name of Policy Holder: _____

LOCAL NEWSPAPER

This information is used to publish academic successes of WCCC Students.

Non-Discrimination Policy