

**UNIVERSITY OF HAWAI'I
CHANGES OR CORRECTIONS OF
PERSONAL DATA**

**EMERGENCY CONTACT INFORMATION
(FOR INTERNAL USE ONLY)**

<hr/>	<hr/>	<hr/>	<hr/>
Employee's	First Name	Last Name	UH ID#
<hr/>		<hr/>	
Campus		Dept/Program	
<hr/>		<hr/>	
Contact Telephone Number		Contact Telephone Number	

CHANGE IN EMERGENCY CONTACT

<hr/>	<hr/>	<hr/>
Primary Contact(s):	Name	Relationship
<hr/>		
Contact Telephone Number	Contact Telephone Number	

<hr/>	<hr/>	<hr/>
Alternate (optional):	Name	Relationship
<hr/>		
Contact Telephone Number	Contact Telephone Number	

HEALTH INFORMATION (Voluntary)

Hospital Preference (may not apply in medical emergency)

Information to share with emergency personnel (e.g., allergic reaction to certain medication, allergies etc) and/or personal emergency kit (e.g., epipen for allergic reactions in top desk drawer):

I have voluntarily provided the above information and authorize the release of health information to emergency personnel. I also understand any of my emergency contacts may be notified in the event of an emergency.

Employee's Signature

Date