

# Missing Persons Confidential Contact Information

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Print full name (last name first)

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Student ID Number

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Street address (home)

City

State

Zip

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Residence hall and room number

Cell phone number

Date of Birth

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Print confidential contact name

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Street address (home)

City

State

Zip

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Residence hall and room number (if applicable)

Phone number

Does this confidential contact have any informational sheets with your photograph, personal information, fingerprints, etc.?     **YES**         **NO**

Does this confidential contact understand that in the event you are reported missing s/he will be the sole contact for University or law enforcement officials?     **YES**     **NO**

Do you wish to have University or law enforcement officials contact your parent(s) and/or legal guardians(s) in the event you are reported missing with investigative information?     **YES**     **NO**

## Statement of Understanding:

If I am under 18 years of age and not legally emancipated (by court order, no longer under the control or responsibility of parents), I understand that University or law enforcement officials must contact my custodial parent(s) and/or legal guardian(s) with details of the investigation. If I am under 18 years of age and legally emancipated, I have included a copy of the appropriate legal document to verify the emancipation.

I may change any of the above information at any time, in writing, with Western Connecticut State University by resubmitting this document to the department of Housing & Residence Life. I understand that completing the appropriate confidential contact information and any supplemental information documents does not guarantee any investigative results. As such, I release Western Connecticut State University, its employees, subsidiaries, and any other assisting law enforcement agencies, of any liability associated with the investigation.

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Signature of Student

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Date

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Printed Name of Student

3/23/10