



NYU

**SCHOOL OF
PROFESSIONAL STUDIES**

**NYU School of Professional Studies
High School Academy**
Office of University Programs
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New York, NY 10003
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NYU School of Professional Studies High School Academy Emergency Contact Sheet

Please print clearly and list emergency contact information that can be reached 24 hours/day, 7 days/week.

Student Name _____

Student ID Number (NYU N#): _____

Section I - Personal Information

1) Student E-mail: _____

2) *Where will you be living this summer?*

I am a residential student and will be living on-campus: _____ *(Skip to Section II)*

I am commuter student and will be living at the address below:

Address (No. and Street): _____

Apartment No.: _____ City: _____ State: _____ Zip Code: _____

3) *With whom will you be living?*

Name: _____

Relationship to Student: _____

Home Phone: (_____) _____

Alternate Phone: (_____) _____

Section II - Emergency Contact Information

Emergency Contact 1 - Name: _____

Relationship to student: _____ Phone: _____

Emergency Contact 2 - Name: _____

Relationship to student: _____ Phone: _____