



**AUTHORIZATION *for* EMERGENCY CONTACT**  
**OFFICE of Accessibility & Veterans Affairs**  
Director, Derriya **Sankey**

[dsankey@alasu.edu](mailto:dsankey@alasu.edu) ~ 334-229-5127

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I, \_\_\_\_\_ hereby authorize Alabama State University, Office of  
*Student's Name*

Disability Services and/or its representatives to contact the following person[s] in case of an emergency.

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
*[Parent, Grandparent, Sibling, Spouse, Aunt, Uncle]*

Home Phone # \_\_\_\_\_ Cell [alternate] \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
*[Parent, Grandparent, Sibling, Spouse, Aunt, Uncle]*

Home Phone # \_\_\_\_\_ Cell [alternate] \_\_\_\_\_

Student's Signature \_\_\_\_\_ Student I.D. # \_\_\_\_\_

Date \_\_\_\_\_

