

Work Phone: _____

Email Address: _____

Address: _____

City/ST _____

Country _____

By providing an emergency contact number below, applicant will receive emergency alert notifications sent via text to the phone number provided. Applicant may choose to opt out of the Emergency Alert Notification process by selecting "Emergency Notification Opt Out" below. (NOTE: Text charges will apply depending on applicant's cellular phone plan.) For more information, see <http://go.uth.edu/UTHealthALERT>.

Emergency Contact Information

Emergency Cell Phone (xxx-xxx-xxxx): _____

OR

Emergency Notification Opt Out

I understand I will be listed in the university directory service, as I will have non-public access to university information resources.

Signature: _____

Date: _____

STATE OF _____

COUNTY OF _____

Before me, _____, a notary public, on this day personally appeared _____, known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed. Given under my hand and seal of office this ___ day of ___, 2024.

NOTARY SEAL & SIGNATURE