

Confidential Contact Information

Print full name (last name first)

Student ID Number (BearPass number)

Street address (home)

City

State

Zip

Residence hall and room number

Cell phone number

Date of Birth

Print confidential contact name

Street address (home)

City

State

Zip

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 he/she 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**

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 Missouri State University by resubmitting this document. I understand that completing the appropriate confidential contact information and any supplemental information documents does not guarantee any investigative results. As such, I release Missouri State University, its employees, subsidiaries, and any other assisting law enforcement agencies, of any liability associated with the investigation.

Signature of Student

Date

Printed Name of Student