



**Missing Persons Contact Sheet**  
**UNT Fraternity/Sorority Row Residents**

The following information is needed from each resident in the event you are reported as missing. The registered information will be maintained confidentially by the UNT Office of Greek Life. **Date Completed (mm/dd/yyyy):**\_\_\_\_\_

***Name of Resident:*** \_\_\_\_\_

House: \_\_\_\_\_ Unit Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Student ID: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

***Primary Emergency Contact***

Name: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

-----**OR**-----

By signing below I decline the opportunity to provide a contact should I be considered “a missing resident.”

Signature \_\_\_\_\_ Date \_\_\_\_\_

*This form should be turned into the UNT Office of Greek Life (Union 422) or emailed to [greeklife@unt.edu](mailto:greeklife@unt.edu) at the beginning of each long semester.*