



Emergency Response Information Form
UNT Fraternity/Sorority Row Residents

The following information is needed from each resident in the event of emergency and/or disaster. 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: _____

Cell Phone: _____ Home Phone: _____

Primary Emergency Contact

Name: _____ Relationship to You: _____

Home Address: _____

City: _____ State: _____

Cell Phone: _____ Work Phone: _____

Home Phone: _____

Secondary Emergency Contact

Name: _____ Relationship to You: _____

Home Address: _____

City: _____ State: _____

Cell Phone: _____ Work Phone: _____

Home Phone: _____

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