



Student Employee Emergency Information

Student's Full Name

Student ID#

Social Security Number

Street Address

City

State

Zip

Telephone Number

Who Should Be Contacted In Case of Emergency?

Name

Relationship to Student

Telephone Numbers:

Home

Work

Student Employee's Signature

Date

Warrant Recipient Designation

As provided in Section 53245 of the California Government Code, in the event of my death, I hereby designate the following person to receive any and all warrants (paychecks) payable to me and issued by the Santa Monica Community College District:

Designee's Full Name

Relationship to Student

Street Address

City

State

Country

Zip

This designation form cancels and replaces any designation previously signed for this purpose and shall remain in effect until cancelled in writing. It is expressly understood and agreed to that the Santa Monica Community College District is not obligated to deliver said warrants to the person designated above unless the designated person claims such warrants from the SMC College District and provided the SMC College District with sufficient proof of identity.

Student Employee's Signature

Date