



Auraria Campus Emergency Information

Emergency Notification System Enrollment

Provide your **preferred** contact information so the campus may contact you by email and/or text message through our emergency notification system in the event of an urgent situation or threat on campus, or if there is a weather-related closure.

First Name: _____

Last Name: _____

Please enroll me to receive emergency notifications.

Email Address: _____

Cell Number: _____

Please do **NOT** enroll me to receive emergency notifications.

Emergency Contact

Name: _____

Relationship: _____

Phone Number: _____

