



## Missing Student Contact Information Form

In accordance with the [Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act, 20 U.S.C. § 1092\(f\) \(Clery Act\)](#), Collin College students residing in Collin College Student Housing located on the Plano Campus may register one (1) or more individuals to be a missing person contact. If the student resident is determined to be missing by the Collin College Police Department or a local law enforcement agency, the student resident's missing person contact or contacts will be notified by Collin College within 24 hours of the determination.

Student residents' missing person contact information will be registered confidentially and accessible only to authorized Collin College officials. Additionally, this contact information will not be disclosed, except to law enforcement personnel who are authorized to access it during a missing person investigation. Student residents who choose to register one (1) or more individuals to be a missing person contact must complete this form. Student residents' completed *Missing Student Contact Information Forms* will be kept in the Dean of Students Office at the Collin Higher Education Center (CHEC).

Once you have filled out this entire form, place it in an envelope, seal the envelope, and print or type your name and College Wide ID (CWID) number on the front of the envelope. Return the sealed envelope with your completed form to the Collin College Dean of Students Office in person at any campus.

Celina Campus: Room 103E

CHEC: Suite 457

Farmersville Campus: Room 127G

Frisco Campus: Room F-127 in Suite F-109

McKinney Campus: Suite B-336

Plano Campus: Suite D-128

Technical Campus: Suite A-130

Wylie Campus: Suite CC-215

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### Student's Information

First Name:

Middle Initial:

Last Name:

9-Digit CWID Number:

Collin College Student Housing  
Apartment Number:

Phone Number:

Collin College Email Address:

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### First Contact's Information

First Name:

Last Name:

Phone Number:

Email Address:

Street Address:

City:

State:

Zip Code:

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**Second Contact's Information**

First Name:

Last Name:

Phone Number:

Email Address:

Street Address:

City:

State:

Zip Code:

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**Third Contact's Information**

First Name:

Last Name:

Phone Number:

Email Address:

Street Address:

City:

State:

Zip Code: