



ToroAlert Sign-up Sheet

Information collected on this sheet will be entered into CSUDH's emergency notification system and will be utilized to inform you in case of an emergency on campus.

Effective/Expiration Date: _____

Legal Name: _____

First Middle Last

Home Address: _____

Street City State Zip

Birthdate: _____ **ID#:** _____

Cellular Telephone Number: _____

Home Telephone Number: _____

Work Telephone Number: _____

Personal Email: _____

Campus Email: _____

Are you currently a student at CSUDH: YES NO

Check the box that best describes this person's relationship with the campus:

- ASI Employee Campus Volunteer Emeritus Faculty Emeritus Staff
 Foundation Employee Student Union Employee Temporary Agency Dining

Department ID: _____ **Department:** _____

If Foundation, ASI, LSU, enter Dept ID #31200

Note: I certify that the statements made by me on this form are truthful and accurate to the best of my knowledge. I understand that any falsification of information herein may result in the loss of my network access.

SIGNATURE: _____ **DATE:** _____

Affected Manager's Signature: _____ **Date:** _____

Affected VP Signature: _____ **Date:** _____

HR Authorization: _____ **Date:** _____