

Santa Clara County Office of Education  
Human Resources Division

**EMERGENCY INFORMATION UPDATE**

Name: \_\_\_\_\_  
Last First MI

Telephone: \_\_\_\_\_ Work Site: \_\_\_\_\_

Automobile(s) License Plate Numbers: \_\_\_\_\_  
Primary Auto 2<sup>nd</sup> Auto 3<sup>rd</sup> Auto

In case of an emergency, you are hereby authorized to notify:

\_\_\_\_\_  
Name Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Between Hours of \_\_\_\_\_ to \_\_\_\_\_

If you are unable to locate the individual designated above, please notify:

\_\_\_\_\_  
Name Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Between Hours of \_\_\_\_\_ to \_\_\_\_\_

My Physician is: \_\_\_\_\_ Phone: \_\_\_\_\_

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**AFFIDAVIT to DESIGNATED RECEIVER of**  
**COUNTY OFFICE OF EDUCATION CORRESPONDENCE**  
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In the event of my death, I hereby designate: \_\_\_\_\_ my \_\_\_\_\_  
Name Relationship

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street City State Zip Code

to receive general information from the County Office of Education concerning the types of coordinative assistance available regarding payroll check(s), retirement, and other fringe benefits. This affidavit shall remain in effect until revised or revoked. Such revision and/or revocation shall be submitted in writing by me.

\_\_\_\_\_  
Signature Date

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**AFFIDAVIT TO DESIGNATED RECEIVER of**  
**LAST PAYCHECK**  
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In the event of my death, I hereby designate: \_\_\_\_\_ my \_\_\_\_\_  
Name Relationship

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street City State Zip Code

to receive all paychecks that would have been payable to be. This affidavit shall remain in effect until revised or revoked. Such revision and/or revocation shall be submitted in writing by me.

\_\_\_\_\_  
Signature Date