

[Date]

[Employee/Student Name]

[ID Number]

[Department/Class]

Subject: Annual Record Update - Emergency Contact Information

Dear [Name],

As part of our annual record-keeping process, we are requesting all individuals to review and update their emergency contact information. This ensures we can reach the appropriate person quickly in the event of an urgent situation.

Please provide the details for your primary and secondary contacts below:

Primary Emergency Contact:

- Full Name: _____
- Relationship: _____
- Phone Number: _____
- Email Address: _____

Secondary Emergency Contact:

- Full Name: _____
- Relationship: _____
- Phone Number: _____
- Email Address: _____

Please sign and return this form to [Department Name] or update your profile via the online portal by [Deadline Date].

Thank you for your cooperation.

Sincerely,

[Your Name/Signature]

[Your Title]

[Organization Name]