



# Emergency Notification System

TRUTH. TRAINING. TRANSFORMATION.

Student

Faculty

Staff

SID

SSN: XXX-XX-\_\_\_\_

I elect not to take advantage of the Emergency Notification System. I am aware that I will not receive a wireless or text message from the College of Biblical Studies in the event of an emergency alert.

I understand this action will remain in effect until I submit a written request to change. To change this action, send notification to the Office of the Registrar at [registrar@cbsouston.edu](mailto:registrar@cbsouston.edu). Include your name and student identification number in the communication.

Name (please print)\_\_\_\_\_

Student ID No\_\_\_\_\_

Signature\_\_\_\_\_

Date: \_\_\_\_\_