



Office of Study Abroad  
Old Main, Room 102

# Student Personal and Emergency Contact Information Form

This form will be used in case of an emergency and must be completed as thoroughly as possible. All fields are required.

**Student Name:** \_\_\_\_\_

**Gender:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_

**Student ID Number:** \_\_\_\_\_

**Current Academic Major:** \_\_\_\_\_ **Current GPA:** \_\_\_\_\_

**Class Level (circle one):** Freshman    Sophomore    Junior    Senior    Graduate

**Program Sponsor:** \_\_\_\_\_

**Host Institution:** \_\_\_\_\_

**Host Country:** \_\_\_\_\_

**Program Duration (starting and ending dates):** \_\_\_\_\_

*Provide the name and emergency contact information for two individuals (with different addresses and phone numbers).*

<b>Last Name:</b>	
<b>First Name:</b>	
<b>Relationship to you:</b>	<b>E-mail:</b>
<b>Address:</b>	
<b>Phone:</b>	<b>Alternate phone:</b>
<b>First Name:</b>	
<b>Last Name:</b>	
<b>Relationship to you:</b>	<b>E-mail:</b>
<b>Address:</b>	
<b>Phone:</b>	<b>Alternate phone:</b>

*In case of an emergency, I hereby grant permission to the Office of Study Abroad to contact the individuals listed above and to release any pertinent information to them.*

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_