

**Study / Research / Internship Abroad for TTU students**  
**Emergency contact and Information Release Form**

Please fill out ELECTRONICALLY

Student Name: \_\_\_\_\_ R Number: \_\_\_\_\_

Program Location: \_\_\_\_\_ Program Leader: \_\_\_\_\_ Program

Dates: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

\_\_\_\_\_ Email Address: \_\_\_\_\_

US Citizenship or Permanent Resident: \_\_\_\_\_ or International Student under a visa (J or F): \_\_\_\_\_

If International Student: Are you already enrolled with the insurance AHP? YES \_\_\_\_ NO \_\_\_\_

**Section 1:** In case of an emergency while you are studying abroad, please list anyone who you would like us to contact, and with whom you will allow us to share information about your location, situation, and logistical requirements.

**Contact #1**

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Contact #2**

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Section 2:** In non-emergency situations, please indicate whether you authorize us to discuss information regarding your study abroad program with anyone, including your parents. This release is effective from the dates of \_\_\_\_\_ to \_\_\_\_\_

**Month/Day/Year**

**Month/Day/Year**

\_\_\_\_\_ I do not authorize any release of information about my study abroad program

\_\_\_\_\_ I authorize release of information to contact #1 (above)

\_\_\_\_\_ I authorize release of information to Contact #2 (above)

\_\_\_\_\_ I authorize release of information to:

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date: \_\_\_\_\_