

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: _____