



VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY

Office of International Research, Education, and Development

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EMERGENCY CONTACT and INFORMATION RELEASE FORM

Student Name: Student ID#
Program Location: Sponsor:
Program Dates: Program leader:

SECTION 1: In case of any 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 month/day/year to 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