

## **INCOMING EXCHANGE EMERGENCY CONTACT INFORMATION**

The student must supply the name and related information for a person (usually a family member) who may be contacted at any time during the course of the international activity.

Student's Full Name: \_\_\_\_\_

Student's Home Institution: \_\_\_\_\_

### **HOME COUNTRY**

Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

Relationship to this person: \_\_\_\_\_

### **CANADA** (if available)

Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

Relationship to this person: \_\_\_\_\_

I consent to the disclosure of relevant information by Huron at Western to the person named above for the duration of my participation in the international activity. That information may include, but is not limited to, my address, telephone number, e-mail address, travel plans, personal situation, and/or academic situation.

Student Signature: \_\_\_\_\_

Date Signed (MM/DD/YYYY): \_\_\_\_\_