

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): _____