

**EMERGENCY CONTACT AND  
INFORMATION RELEASE FORM**  
**Exchange, Affiliate and Faculty-Led**



**Study Abroad**  
OFFICE OF INTERNATIONAL PROGRAMS  
SAM HOUSTON STATE UNIVERSITY

Program Location: \_\_\_\_\_  
Program Dates: \_\_\_\_\_ University/Provider: \_\_\_\_\_

**Student Name:** \_\_\_\_\_ **SAM ID:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Date of Birth (MM/DD/YY):** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Gender:** \_\_\_\_\_

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

**Current Address**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Permanent Address**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*In case of 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:** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_

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

**Contact #2**

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

**Relationship:** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_

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

*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: \_\_\_\_\_

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

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

**Return to:**  
**Office of International Programs, Farrington 116 ([studyabroad@shsu.edu](mailto:studyabroad@shsu.edu))**