



Bluefield State College

## Study Abroad Personal and Emergency Contact Information Form

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

First name: \_\_\_\_\_

Gender: \_\_\_\_\_

Institutional ID Number: \_\_\_\_\_

Academic Area: \_\_\_\_\_

Class level (circle one): Freshman    Sophomore    Junior    Senior Faculty    Staff    Administrator

Program Sponsor: \_\_\_\_\_

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

Host Country: \_\_\_\_\_

Program Duration (starting and ending dates): \_\_\_\_\_

### Name and emergency contact information for two individuals (with different addresses and phone

Last Name	
First Name:	
Relationship to you:	E-mail:
Address:	
Phone	Alternate phone:
First Name:	
Last Name:	
Relationship to you:	E-mail:
Address:	
Phone:	Alternate phone:

In case of an emergency, I hereby grant permission to the Office of International Initiatives to contact the individuals listed above and to release any pertinent information to them.

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