

UNH-Managed Study Abroad Emergency Contact Form

Student Name (printed): _____

Student ID #: _____ DOB: _____ Age: _____

Destination (city/country): _____

UNH course name & number: _____

Semester/Term abroad: _____ Year: 20____

Passport Number: _____ Citizenship: _____

Please tell us whom we should contact in the case of an emergency.

Name: _____

Relationship to you: _____

Address: _____
Street City, State Zip

Home Phone Number: _____ Work: _____

Cell Phone Number: _____

E-mail: _____

Alternative contact should we be unable to reach the above person (i.e. Aunt, grandparent, etc.):

(Alternative contact should live at a different address from the one above, and be able to make critical decisions on your behalf. Do not list roommate or boy/girlfriend)

Name: _____

Relationship to you: _____

Address: _____

Home Phone Number: _____ Work: _____

Cell Phone Number: _____

E-mail: _____