

Emergency Contact Release Form

Emergency Contact(s): Person(s) to whom EWU may release potential health and welfare information regarding your study abroad participation before, during and after your time abroad.

If you are listing both of your parents, please indicate whether they are together or separated from each other under additional information so that our office knows how many individuals need to be notified directly.

If there is any additional information regarding your contact(s) you feel would be relevant in the event of an emergency, such as whether their first language is not English (indicate the language spoken), if he/she has a job which makes receiving updates at work difficult, etc., please indicate that so we are better able to assist in the event of an emergency.

Full Name	Relationship		
Street Address	City	State	Zip Code
(____) _____ Cell Phone	(____) _____ Alternate Phone		
Email	Additional Information		

Full Name	Relationship		
Street Address	City	State	Zip Code
(____) _____ Cell Phone	(____) _____ Alternate Phone		
Email	Additional Information		

I authorize the Eastern Washington University Study Abroad Office to release information regarding my study abroad participation before, during and after my time abroad to the above stated emergency contact(s). This information includes but is not limited to:

- Duration of my study abroad experience
- Overseas contact information
- Overseas Institution
- Medical information
- Legal information
- My safety during an emergency situation abroad which includes but is not limited to political unrest, environmental disaster, terrorist attack, etc.

Please check one of the following boxes in regards to the following statement:

I authorize the Eastern Washington University Office of Global Initiatives to release my name, overseas address and contact information to the U.S. Department of State in the wake of a disaster in which the State Department needs to locate U.S. citizens in the region which I am traveling.

Yes _____ No _____

This consent is a waiver of my rights under the Federal Educational Records Privacy Act.

Signature

Date