Emergency Contact Information Form GSW Study Abroad Programs

Name: gswID#: Program: Dates of Program:

I. Please provide the information requested below for two emergency contacts:

Name:		
Relationship to Student:		
Telephone Numbers:		
Home:	Work:	Cell:
Email Address:		
Home Address:		
Place of Employment:		
Name:		
Relationship to Student:		
Telephone Numbers:		
Home:	Work:	Cell:
Email Address:		
Home Address:		
Place of Employment:		

II. In the event of an emergency during the above study abroad program, I authorize administrators of Georgia Southwestern State University to contact the two people I have listed as Emergency Contacts and inform them of the nature and details of the emergency.

Signature:

Date: