

# EMERGENCY CONTACT INFORMATION

This form is required per Millersville University policy and is critical in the event of an emergency.

This form must be completed in its entirety.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ M# (for MU students only) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Permanent/Home Street Address \_\_\_\_\_ Gender:  Male  Female

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Permanent Telephone # \_\_\_\_\_ Email Address \_\_\_\_\_

Country of Passport Issuance: \_\_\_\_\_ Passport Issuing Authority: \_\_\_\_\_  
(Issuing Authority is stated on passport. This is **NOT** the place of application.)

Date of Passport Issuance: \_\_\_\_\_ Passport Number: \_\_\_\_\_

Please provide the names and contact information of three (3) individuals who can be contacted in the event of an emergency:

**By listing the emergency contacts below, you are granting the Office of Global Education permission to release personal information regarding your study abroad related emergency, regardless of whether or not these individuals are listed on your Privacy Policy agreement.**

Emergency Contact Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

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

Telephone: home: \_\_\_\_\_ work: \_\_\_\_\_ cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

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

Telephone: home: \_\_\_\_\_ work: \_\_\_\_\_ cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

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

Telephone: home: \_\_\_\_\_ work: \_\_\_\_\_ cell: \_\_\_\_\_

Email Address: \_\_\_\_\_