



UNIVERSITY OF  
**NORTHERN COLORADO**

**EMERGENCY CONTACT FORM FOR STUDY ABROAD**

In the event of an emergency, the Study Abroad Director or other program staff may need to release information about a student's health status, insurance status, travel arrangements or personal safety to a parent/guardian or other emergency contact while he or she is abroad. Please state below the full names and contact information of those individuals to whom you authorize the release of personal information.

**Contact #1**

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

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

Phone Numbers (work, home, cell): \_\_\_\_\_

Relationship: \_\_\_\_\_

**Contact #2**

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

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

Phone Numbers (work, home, cell): \_\_\_\_\_

Relationship: \_\_\_\_\_

This authorization shall expire on: \_\_\_\_\_ and is needed for the period beginning:  
\_\_\_\_\_ and ending on: \_\_\_\_\_

I hereby give the releasing facility permission to disclose my health information. I certify that this request is made voluntarily and that I may revoke this authorization at any time, except to the extent that action has already been taken. I agree that UNC is not responsible for the misuse or cannot guarantee the confidentiality of medical information once it is released to another party. I hereby release UNC from any liability, which may result from furnishing the information requested as authorized in this release.

Print Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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