

## EMERGENCY CONTACT INFORMATION

Faculty Name: \_\_\_\_\_ Faculty ID #: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Study Abroad Destination:

Host University/City: \_\_\_\_\_ Country: \_\_\_\_\_

Host University Advisor/Instructor \_\_\_\_\_

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

Phone Number Abroad: \_\_\_\_\_

### In case of accident or illness contact:

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

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

Phone: \_\_\_\_\_ Email (Required\*): \_\_\_\_\_

*\*Emergency contact must have an email address. If they do not, please change contact information to someone who has an email address.*

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

\_\_\_\_\_  
Faculty Signature

\_\_\_\_\_  
Date

### Return this form to:

Faculty-Led International Travel Study  
Kremen Education Building, Room 130  
Division of Continuing & Global Educ  
California State University, Fresno  
5005 N. Maple Ave, M/S ED 76  
Fresno, CA 93740