

Emergency Contact Information

I understand that in the case of an emergency, South Seattle Community College officials or appropriate program personnel may notify my emergency contact.

Signature

Date

Please provide your information.

Name: _____ Period abroad: _____

Program: _____

Permanent Address: _____

Cell Phone: _____ Home Phone: _____

Email Address: _____

Please provide complete & accurate information for all emergency contacts listed. If this information changes at any point before or during the program, please notify the Study Abroad Coordinator or Program Director immediately.

1st Emergency Contact:

Relationship: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Address (please provide physical address, *not* PO Box):

Email Address:

A second contact is not required, but suggested if your first contact is often away or difficult to reach.

2nd Emergency Contact:

Relationship: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Address (please provide physical address, *not* PO Box):

Email Address:
