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**Education Abroad
Emergency Information Form**

The information requested below will be used only in case of emergency and is limited to the duration of your participation in a UC-sponsored international program. The information will be kept confidential and will be destroyed upon completion of the program.

Your Name: _____

Program Destination: _____

Program Dates: _____

Home Address: _____

(City) (State) (ZIP)

Home Phone: _____
(Area Code) (Number)

Your email address: _____

EMERGENCY CONTACT:

Name: _____

Address: _____

(City) (State) (ZIP)

Home phone: _____

Business phone: _____

Email: _____ Pager: _____

Fax: _____
(Area Code) (Number)