

WESTERN OREGON UNIVERSITY

INTERNATIONAL STUDENTS AND SCHOLARS AFFAIRS CONSENT FOR RELEASE OF INFORMATION AND EMERGENCY CONTACT FORM

Today's Date: _____
(Month, Day, Year)

Biographic Information

NAME: _____
Last First Middle

Student # _____ Date of Birth: _____
(Month, Day, Year)

Emergency Contact

Name _____ Relationship _____

Phone number with country/city codes _____

_____ My contact DOES speak English

_____ My contact speaks another language _____

I give my permission for the International Students and Scholars Affairs Office to contact my emergency contact as necessary.

I give my permission to the International Students and Scholars Affairs Office staff to communicate with my parents, guardians and sponsors regarding my health, safety, well being, travel plans, and academic status during my time of study Western Oregon University. Additional persons will be provided in writing at the time of need.

Student Signature _____

Date _____