

**EMERGENCY CONTACT INFORMATION FORM**

NAME: \_\_\_\_\_

COUNTRY OF GRANT: \_\_\_\_\_

Please fill out this form as completely as possible.

***IN CASE OF EMERGENCY NOTIFY:***

<b><u>PRIMARY PERSON TO NOTIFY</u></b>	
Person's Name	Relationship
Address	
Address	Home Telephone #
Email Address	Home Fax #
Business Phone #	Business Fax #

<b><u>ALTERNATE PERSON TO NOTIFY</u></b>	
Person's Name	Relationship
Address	
Address	Home Telephone #
Email Address	Home Fax #
Business Phone #	Business Fax #

I, \_\_\_\_\_, give my consent to the Institute of International Education to discuss any and all aspects of my grant with the person or persons listed above. This may include, but is not limited to, any information entered on my application or other documents submitted, academic information, contact information, and information relating to a health emergency. I do understand that anyone that I do not list above including parents, grandparents, other relatives, or friends will not be provided any information.