EMERGENCY CONTACT FORM

Read all requirements and instructions. A new form must be submitted if there is a change in information or in the event of a medically related leave of absence. Email the completed form to the Student Service Coordinator at the center you will be attending:

Costa Rica: Sarah.Moran@liu.edu
Europe: Rainer.Braun@liu.edu
IRIS: Soenke.Biermann@liu.edu
New York: Carlett.Thomas@liu.edu

*Keep a copy of this for your records*

Name of Student: ___________________________________________ Student ID Number: ______________________

Dates of Participation in LIU B.A. Global Studies Program (entire length of enrollment for degree program):

First Semester (i.e., Fall 2020): _______________ Projected Final Semester (i.e., Spring 2024): _______________

Emergency Contacts

In case of emergency, we will reach out to the emergency contact(s) you listed below. By completing this form, you are authorizing us to call and/or email the persons listed below at our discretion regarding what we deem an emergency.

1) Name: __________________________________________
   Relationship to Student: __________________________________________
   Phone Number: _______________________________ Alternate Phone Number: _______________________________
   Email Address: __________________________________________

2) Name: __________________________________________
   Relationship to Student: __________________________________________
   Phone Number: _______________________________ Alternate Phone Number: _______________________________
   Email Address: __________________________________________

Signature ____________________________ Date ____________________________