

STUDENT TRAVEL EMERGENCY CONTACT INFORMATION

Return to the Office of the Vice President for Student Affairs Room 7301, F 212-817-1621, internationaltravel@gc.cuny.edu

Student Last Name: (As on Passport) _____

Student First Name: (As on Passport) _____

Student Middle Name or Initial: (As on Passport) _____

Student E-mail: _____

Student Phone: _____

Date(s) you are traveling: _____

Emergency Contact Person Details
(Who we can contact in the US while you are abroad)

Emergency Contact Name: _____

Relationship to you: _____

Phone: _____

E-mail: _____

Your Travel Location(s) Details
- How we can contact YOU while you are abroad (if traveling to more than one city, please provide contact information for each location).

Address: _____

Phone: (Please include country codes for non-US numbers) _____

E-mail: _____

Please provide contact information for the sponsoring institution and program you are attending (if applicable):

Program you will be attending: _____

Program Contact Information: _____

Institution Name and Address: _____

Contact Phone: _____

Contact E-mail: _____