



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