

STUDENT EMERGENCY INFORMATION SHEET

Undergraduate

Graduate

Other

ATTACH COPY OF PASSPORT TO THIS FORM

Your Name as it appears on your passport

NSHE Student Number

Address

City **State** **Zip Code**

Country

Phone Number **Cell Phone (used during travel)**

E-Mail Address

Dates of Activity:

From: To:

Destination (s):

Country: Country: Country:

Emergency Contact - Department:

Name:

Phone (work) E-Mail Address

Name:

Phone (work) E-Mail Address

Emergency Contact - Personal/Other:

Name: Relationship Phone Number

E-mail Address:

Name: Relationship Phone Number

E-mail Address:

