



**EMERGENCY CONTACT INFORMATION**

1) Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-Mail \_\_\_\_\_

2) Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-Mail: \_\_\_\_\_

**FERPA**

(Family Educational Rights and Privacy Act)

Because you are over 18 years of age, we must have your permission before we can speak with anyone about you or your records. If you wish to have someone act as your representative while you are out of the country, allowing them to call us to discuss any of the topics found below, or us to call them should the need arise, you must complete this section.

I give my permission to the Center for International Education at The University of Tennessee, Knoxville to release information to and speak with the persons listed above for emergency contacts regarding my student account, travel plans, and in the case of a medical emergency, communication with medical personnel and personnel at the host institution about my medical needs.

Signed \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_