

Address and Emergency Contact Information

Semester(s) & Year of Program

Willamette University Sponsored Study Abroad Program

Please return this form to the Office of International Education
Willamette University, Matthews Academic Center
See Study Abroad Checklist for due date.

NAME: LAST, FIRST

WU ID#

Program and Location

Current Address: (where you are now)

Street Address

Valid Until (mo/day/yr)

City, State, Zip Code

Phone number

Willamette E-mail

Additional E-mail

Interim Mailing Address: (where you will be between the end of this semester and beginning of your program)

Street Address

Valid Until (mo/day/yr)

City, State, Zip Code

Phone number

Willamette E-mail

Additional E-mail

Permanent Address and Contact Person: Please designate a parent, guardian, or spouse who will always have a means of contacting you and who will receive and monitor your mail while abroad. This person will also be contacted in case of an emergency.

Name of contact person

Relationship to you

Street Address

Phone number(s) including cell phone

City, State, Zip Code

Email address

Alternate Emergency Contact Person: This is not optional. please designate another person who we can contact in an emergency if we cannot contact the person listed above.

Name of alternate contact person

Relationship to you

Street Address

Phone number(s) including cell phone

City, State, Zip Code

Email address