

Address and Emergency Contact Information

Willamette University Sponsored Study Abroad Program
Please return this form to the Office of International Education
Willamette University, Matthews Hall

Semester(s) & Year of Program

Student Name

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 Address: (where you will be between the end of the 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

City, State, Zip Code

Cell phone number

Alternate Emergency Contact Person:

Name of alternate contact person

Relationship to you

Street Address

Phone number

City, State, Zip Code

Cell phone number