



STUDENT INFORMATION RELEASE FORM

I, _____, hereby authorize the **Office of International Programs**
(Student Name – please print) (Name of office or entity that is custodian of record)

to disclose, make accessible, and furnish the following information:
Copy of passport, ISIC Card, Insurance information

TO: US Government officials in the event of an emergency

____ Local government officials in the event of an emergency

____ Insurance Company in the event of an emergency

____ Other as specified: _____

These records will be used for the sole purpose of addressing emergency concerns while I am participating in a faculty sponsored, study abroad, or other authorized international activity.

This release shall be effective until _____ unless revoked by me in writing.
(Date of return to the United States)

Student ID number

Student Signature

Date

THIS INFORMATION IS RELEASED SUBJECT TO THE CONFIDENTIALITY PROVISIONS OF APPROPRIATE STATE AND FEDERAL LAWS AND REGULATIONS WHICH PROHIBIT ANY FURTHER DISCLOSURE OF THIS INFORMATION WITHOUT THE SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS, OR AS OTHERWISE PERMITTED BY SUCH REGULATION.