



**Office of Study Abroad**

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## **Emergency Contact Form**

Please use dark ink and write clearly. A new form must be submitted if there is a change in information or in the event of a medically related leave of absence.

Name of student: \_\_\_\_\_

Student ID #: \_\_\_\_\_

### **Emergency Contact (s)**

In case of emergency, we will contact the first person listed. If unavailable, we will contact the second person listed.

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

Relationship to student: \_\_\_\_\_

Phone number: \_\_\_\_\_

Alternate phone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

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

Relationship to student: \_\_\_\_\_

Phone number: \_\_\_\_\_

Alternate phone number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_