



## EMERGENCY CONTACT FORM

Read all requirements and instructions. A new form must be submitted if there is a change in information or in the event of a medically related leave of absence. Email the completed form to the Student Service Coordinator at the center you will be attending:

Costa Rica: [Sarah.Moran@liu.edu](mailto:Sarah.Moran@liu.edu)  
Europe: [Rainer.Braun@liu.edu](mailto:Rainer.Braun@liu.edu)  
Australia: [Soenke.Biermann @liu.edu](mailto:Soenke.Biermann@liu.edu)  
IRIS: [Soenke.Biermann @liu.edu](mailto:Soenke.Biermann@liu.edu)  
New York: [Rainer.Braun@liu.edu](mailto:Rainer.Braun@liu.edu)

\*Keep a copy of this for your records\*

Name of Student: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Dates of Participation in LIU B.A. Global Studies Program (entire length of enrollment for degree program):

First Semester (i.e., Fall 2022): \_\_\_\_\_ Projected Final Semester (i.e., Spring 2026): \_\_\_\_\_

### Emergency Contacts

In case of emergency, we will reach out to the emergency contact(s) you listed below. By completing this form, you are authorizing us to call and/or email the persons listed below at our discretion regarding what we deem an emergency.

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

Relationship to Student: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

Relationship to Student: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date