

# UAFS Office of International Relations EMERGENCY CONTACT SHEET

Please type. No hand writing. Rev: July 2013

Name: <small>(Last/ Family Name)                      (First/Given Name)</small>		UAFS ID Number:
Other Names Used:		Native Language:
Country of Birth:	Country of Citizenship:	Country of Permanent Residence:
Current Address in Fort Smith:		Telephone:
		E-mail:
Marital Status: <input type="checkbox"/> Unmarried <input type="checkbox"/> Married & spouse with me <input type="checkbox"/> Married & spouse not with me		
Home Country Address:	Spouse's Name (if applicable):	
	Spouse's Address: <input type="checkbox"/> with me in U. S. <input type="checkbox"/> same as home country	
Telephone:	Telephone:	
Father's Name:	Mother's Name:	
Father's Address: <input type="checkbox"/> same as home country	Mother's Address: <input type="checkbox"/> same as home country	
Telephone:	Telephone:	
Sponsor's Name/ Address (if different from above):	Family Member in the U.S. in Case of Emergency:	
	Name: Address:	
Telephone:	Relationship: Telephone:	

**Completion of the following is optional, but your permission is strongly encouraged to allow us to assist you in an emergency:**

I hereby grant full authority to the Designated School Official (DSO) and/or his/her designee to authorize medical treatment, or obtain and release any educational, medical, or other necessary information concerning me to my family, sponsor, government, or similar person or agency if it is deemed by the DSO to be necessary to protect my financial, legal, medical, or personal interests. I also understand that a record of all such releases will be kept and that this authority will remain in effect unless revoked by me in writing.

Signed \_\_\_\_\_ Date \_\_\_\_\_