



Release of Information / Emergency Contact Form

I, _____, Student Number _____, give my permission for the following persons to have access to my study abroad information and records. I authorize the Director or other designated staff of the CNU Office of International Programs to discuss my academic and study abroad plan with the people below.

Release of Information Authorization

1. _____
 Name Relationship to student

Street Address

_____ / _____ / _____
 Home phone

Work phone

Cell phone

Email address

Release of Information Authorization

2. _____
 Name Relationship to student

Street Address

_____ / _____ / _____
 Home phone

Work phone

Cell phone

Email address

Release of Information Authorization

3. _____
 Name Relationship to student

Street Address

_____ / _____ / _____
 Home phone

Work phone

Cell phone

Email address

Date _____ Signature _____