

University of Southern Maine
Office of International Exchange
ADDRESS & EMERGENCY CONTACT FORM

_____ Summer Address _____ Current Address

STUDENT INFORMATION:

Name: _____

Address: _____

Telephone: _____

E-Mail Address: _____

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EMERGENCY CONTACT:

Name: _____

Address: _____

Telephone: _____

E-Mail Address: _____

Relationship: _____

On Exchange At: _____

Dates of Study: _____

Today's Date: _____

Signature of Student: _____

Medical conditions and/or medications that you take on a regular basis. (This information will remain confidential, but is essential in case of emergency.)
