HARTWICK COLLEGE
2012 Off-Campus J Term Programs

Center for Interdependence • 1st floor Golisano Hall • (607)431-4079

EMERGENCY CONTACT INFORMATION

Your Name: _____ **J Term Program:** _____
Print

Please complete all fields below, including phone numbers and email addresses. Incomplete forms will be returned.

Emergency Contact #1

Name of parent(s)/legal guardian(s): _____

Relationship to Participant: _____

Address: _____

Home Phone: (____) _____ Cell: (____)_____ Work: (____) _____

Email Address: _____

Emergency Contact #2

Name of Alternate Contact:_____

Relationship to Participant: _____

Address: _____

Home Phone: (____) _____ Cell: (____)_____ Work: (____) _____

Email Address: _____

By signing your name below, you permit Hartwick College to release information to the parent/guardian and alternate contact you have indicated above. This information may include, but is not limited to, pre-departure information regarding the program, billing statements and other financial information, and information regarding your whereabouts and/or participation in the program. The College may make these disclosures for any purpose that it deems necessary or advisable in connection with its administration and operation of the program, including without limitation, enforcement of the requirements for participation in the program.

I permit Hartwick College to release information to the persons I have indicated above.

Student's Signature: _____ Date: _____