

**Rockhurst University Service-Immersion Trip
Emergency Contact Form
Please Print Legibly**

Name:

Note: Print your name ***EXACTLY*** as it appears on your Passport/Driver's License

RU Student ID:

Passport Number (if travelling internationally):

Date of Birth:

Cell Number:

Email:

Parent/Guardian Name:

Parent/Guardian Home Phone:

Parent/Guardian Cell Phone:

I would like my parents to be notified of our safe arrival (circle one): Yes No

If yes, provide Parent/Guardian Email(s):

Authorization: I permit Rockhurst University to share the above information with the U.S. State Department's Smart Traveler Enrollment Program (STEP). STEP allows the Department of State to better assist in an emergency.

Signature

Date

(printed name)