

University of Louisville College of Arts & Sciences
Office of International Programs
Gardiner Hall LL08D, Louisville, KY 40292
Ph: 852-7718

EMERGENCY INFORMATION SHEET

Your Name as it appears on your passport *(please print)* :

Dates of Activity: From: _____ To: _____

Countries visiting:

Country: _____ Country: _____ Country: _____

Emergency Contact – Department:

Name: _____ Phone-Work: _____ Phone-Home: _____

Name: _____ Phone-Work: _____ Phone-Home: _____

Emergency Contact - Personal/Other:

Name: _____ Relationship _____ Phone: _____

Name: _____ Relationship _____ Phone: _____

Lodging Information:

Name: _____ Phone: _____ Dates: _____

Name: _____ Phone: _____ Dates: _____

Name: _____ Phone: _____ Dates: _____

Air Itinerary:

(You may attach a copy of your e-ticket or itinerary instead of completing this section. Attach additional pages as needed.)

Date: _____ Departure Time: _____ Airline/Flight #: _____

From: _____ To: _____ Arrival Time: _____

Date: _____ Departure Time: _____ Airline/Flight #: _____

From: _____ To: _____ Arrival Time: _____

Date: _____ Departure Time: _____ Airline/Flight #: _____

From: _____ To: _____ Arrival Time: _____

Date: _____ Departure Time: _____ Airline/Flight #: _____

From: _____ To: _____ Arrival Time: _____