

VITAL INFORMATION FORM (FORM F - Version 1/9/06) REQUIRED

Last Name: _____	First Name: _____	Middle Name: _____
Student ID: _____	Date of Birth: _____	Sex _____ SEMESTER ABROAD: _____
Program Title and Site: _____		

REQUIRED: Register at Local USA Embassy(ies) While Abroad (“Embassy Registration”):

Please go to website: http://travel.state.gov/travel/abroad_registration.html to register at the embassies in the country(ies) that you will be studying in. **YOU WILL NEED YOUR PASSPORT TO COMPLETE THIS. YOU WILL ALSO NEED TO ATTACH A COPY OF YOUR REGISTRATION TO THIS FORM, be sure to print a copy before you hit the “submit” button. We will be happy to help you with this.**

REQUIRED: Please STAPLE The Following Items To This Form:

<p>___ (1) a copy of the PASSPORT PHOTO PAGE</p> <p>___ (2) a copy of the VISA (If Applicable)</p> <p>___ (3) copy of DRIVER’S LICENSE (Both Sides)</p> <p>___ (4) copy of DOMESTIC INSURANCE CARD (Both Sides)</p> <p>___ (5) copy of your ITINERARY or round-trip airline ticket</p> <p>___ (6) copy of EMBASSY REGISTRATION</p>	<p><i>NOTE: You will be issued a copy, via email, of the MEDEX/ Global 24/7 assistance card with AU group number for use while abroad. Please keep this in your wallet at all times. Keep all of the items listed in this section in a safe place. AU is not responsible for the loss of these items.</i></p>
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REQUIRED: Important Dates:

Date Departing from the USA: (mo/day/yr) ___/___/___	Date Returning to the USA : ___/___/___
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REQUIRED: In case of an EMERGENCY, how can we contact you while you are abroad?

<p>(REQUIRED)- Phone Number you will use while abroad: _____</p> <p>Your Email while abroad: _____</p> <p>Emergency Contact at your Program while ABROAD (i.e. school’s international office, program director):</p> <p>Name: _____ Email: _____ Ph: _____</p>	
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REQUIRED: In case of an EMERGENCY, Please List Two emergency contacts:

*Note: you may list individuals who are “Next of Kin” or other individuals as your emergency contacts.
 “Next of Kin” is defined as your mother, father, brother, sister, aunts, uncles, spouse, guardians, or your children.*

Is person listed below “Next of Kin”? <input type="checkbox"/> Yes, <input type="checkbox"/> No. Name: _____	Is person listed below “Next of Kin”? <input type="checkbox"/> Yes, <input type="checkbox"/> No. Name: _____
Relationship to you: _____	Relationship to you: _____
Phone/ Cell ph: _____	Phone/ Cell ph: _____
Email: _____	Email: _____
Street Address: _____	Street Address: _____
City/ State/ Zip: _____	City/ State/ Zip: _____
Other Contact info: _____	Other Contact info: _____

“The information I have given is correct as of the date of this form”,

Your signature (as participant): _____ DATE: _____