

EMERGENCY CONTACT INFORMATION

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PERSONAL INFORMATION

* Required Field

Student Name*

Student E-mail*

Student Phone Number*

EMERGENCY CONTACT 1

* Required Field

First Name*

Last Name*

Relationship*

E-mail*

Phone Number*

Alternate Phone Number

EMERGENCY CONTACT 2

* Required Field

First Name*

Last Name*

Relationship*

E-mail*

Phone Number*

Alternate Phone Number

EMERGENCY CONTACT INFORMATION RELEASE AUTHORIZATION

Under the Federal Family Education Rights and Privacy Act of 1974 and provisions of state law relating to public records disclosure, the University of California Policies Applying to the Disclosure of Information from Student Records and the Berkeley Campus' implementation of that policy assure that student information is protected.

- In case of an emergency, it may be necessary to access and release your information protected by the aforementioned law and policies. By checking this box, you are giving your written consent to access and release relevant information to appropriate parties connected with the emergency.