

**STUDENT INFORMATION REQUEST**

University of Arkansas policy requires that we collect emergency contact information and health insurance information (if student is insured) from all students going on a University-sponsored trip. Please complete the following information and return it to \_\_\_\_\_.

NAME: \_\_\_\_\_ UA ID Number (required) \_\_\_\_\_

CONTACT INFORMATION FOR STUDENT: Your cell phone \_\_\_\_\_  
Your email \_\_\_\_\_

COLLEGE OF ENROLLMENT (circle one or more- all grad students circle GRAD):  
AFLS ARCH ARSC EDUC ENGR WCOB HONORS GRAD LAW

IMPORTANT PERSONAL INFORMATION (allergies, illnesses or conditions we need to be aware of, etc.):

\_\_\_\_\_  
\_\_\_\_\_

**Required information:**

EMERGENCY CONTACT (**MUST** BE SOMEONE **NOT GOING** ON TRIP WITH YOU)

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

INSURANCE INFORMATION:

**(Insurance information must be provided. If you are uninsured, put “no insurance” in this section)**

Company: \_\_\_\_\_

Policy/Group numbers: \_\_\_\_\_

Phone number: \_\_\_\_\_

Other relevant information: \_\_\_\_\_

(e.g., name of insurance holder if not yourself)

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