

## 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 \_\_\_\_\_.

Student Name \_\_\_\_\_ UA ID Number \_\_\_\_\_

Student Phone Number \_\_\_\_\_ Student Email \_\_\_\_\_

COLLEGE OF ENROLLMENT (check one or more – all grad students check GRAD)

AFLS      ARCH      ARSC      EDUC      ENGR      WCOB      HONORS      GRAD      LAW

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

EMERGENCY CONTACT (must be someone NOT GOING on the trip with you):

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

### INSURANCE INFORMATION

(Insurance information must be provided. If you are uninsured, check “no insurance”)

Name of Insurance Holder (if not self) \_\_\_\_\_

Company \_\_\_\_\_ Policy/Group Numbers \_\_\_\_\_

Company Phone Number \_\_\_\_\_

Not Insured