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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