_____ Trip
Student Information Form

Student's Name (as it appears on passport/government ID)

Please print

_____ **DOB** _____
First Middle Last

University ID#: _____ **Cell number** _____-_____-_____

Fall Semester School_____ Co-op _____
Spring Semester School _____ Co-op _____

RIT Email Address: _____

Other Email Address: _____

RIT/Off Campus Address: _____

Home Address: _____

Medical Insurance

Name of Provider _____

Policy Number _____

Allergies: _____

Emergency Contact Information

Please indicate who should be contacted in case of an emergency during the trip.

Name _____
Relationship _____
Address _____
_____
_____

Phone: **Home** (____)_____**Work** (____)_____**Cell** (___)_____

RETURN THIS COMPLETED FORM TO:

_____ **Office c/o** _____
by _____

Aug 2013