

Exchange/Visiting Students

Emergency Contact Information

Please return this form by fax or email **prior to your arrival to Syracuse**

Enrollment Management Processing

Fax 315-443-3423

Email: exchvis@syr.edu

| | | |
|-----------|------------|------|
| Last Name | First Name | SUID |
|-----------|------------|------|

Student Phone Number(s):

Cell Number _____

Campus Number (if applicable) _____

Fathers/Guardian Name _____

Address _____

Contact Phone Number(s):

Home _____

Cell _____

International Phone _____

Email _____

Mothers/GuardianName _____

Address _____

Contact Phone Number(s):

Home _____

Cell _____

International Phone _____

Email _____

Emergency Contact other than Parent/Guardian

Name _____
(a contact name in the United States is helpful in case of an emergency)

Address _____

Contact Phone Number(s):

Home _____

Cell _____