



**The University of Tennessee Health Science  
College of Medicine-Office of Student Affairs  
910 Madison Avenue, Room 1043  
Memphis, TN 38163  
901/448-5684**

### **CONTACT INFORMATION FORM**

Student's Name: \_\_\_\_\_

Date of Departure: \_\_\_\_\_ Date of Return: \_\_\_\_\_

Travel Destination: \_\_\_\_\_

Name of Sponsoring Organization and/or Person responsible for your  
experience:

\_\_\_\_\_

Address of your residence while abroad:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact information while abroad (phone, cell phone, email):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Emergency Contact Person/Telephone Number:

\_\_\_\_\_

\_\_\_\_\_