

EMERGENCY CONTACT INFORMATION SHEET

Please attach to this form a copy of your
passport, vaccines, student ID, and international health insurance ID

AMIGOS DEL SUR

*Institute for Cultures, Languages &
International Service*

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(*AMIGOS DEL SUR* is not a UC Denver, Cornell, or Whitman Program)

To be completed by the Student:

PERSONAL INFORMATION

Name: _____

Email Address: _____

Postal Address: _____

Date of Birth: _____ Phone/Cell Number: _____

PARENT/GARDIAN INFORMATION

Parent/Gardian's Name: _____

Signature: _____

Email Address: _____

Postal Address: _____

Phone/Cell Number: _____ Fax: _____