

Pre-Authorization to Release or Obtain Emergency Information

Dear Students:

The purpose of this form is to request your authorization to allow the International Student and Scholar Services Office at the University of Houston to obtain or release relevant information from or to the appropriate medical or mental health professional and appropriate family members in the event of a serious illness or accident. Without your signed consent, privacy laws in the U.S. prohibit us from contacting your family in the above-mentioned situations. We would also not be able to release any information to them even if they contact us for assistance. The best way to help in this communication process is to have your permission before the emergency occurs. Thank you for your assistance with this important procedure.

Instructions: Please be sure all blanks on the form are filled in before you sign. Sign this form only after you understand what information is being requested, and for what purpose. If you have any questions, please be sure they are answered to your satisfaction. Please print the information cleanly.

Name _____
Family Name Given Name

PeopleSoft I.D. Number: _____

"I, the above named student, authorize the University of Houston International Student and Scholar Services Office to:

Obtain relevant information from appropriate medical and emergency professionals.
(e.g. doctor, hospital, police etc.)

release relevant information to the following family member(s) listed below.

(PLEASE PRINT CAREFULLY & CLEARLY)

Name _____ Relationship to you _____

Address _____

City _____ Zip _____ Country _____

Phone # _____ Email _____

Name _____ Relationship to you _____

Address _____

City _____ Zip _____ Country _____

Phone # _____ Email _____

I understand that this authorization does not include permission to release academic information. I can cancel this authorization at any time except for any action that has already been taken.

Signature _____ Date _____