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**CENTER FOR GLOBAL EDUCATION AT AUGSBURG COLLEGE**

**COLLEGE/UNIVERSITY/SEMINARY EMERGENCY CONTACTS FORM**

Institution:

Travel Dates:

Program/Course Title:

**Contact details of faculty or staff leader(s) traveling with the group:**

**NOTE: If the leader(s) will be carrying a personal or institutional cell phone, please check with the service provider about coverage in the countries the group is visiting.**

**Primary Leader:**

Name:

Cell phone number during travel seminar (optional):

Email:

**Additional Leader:**

Name:

Cell phone number during travel seminar (optional):

Email:

**Contact person(s) on your campus with whom CGE should communicate in case of an emergency or serious problem/situation:**

**Primary contact person on your campus:**

Name

Job Title:

Cell phone:

Office phone:

Hours available:

**Additional contact person on your campus:**

Name

Job Title:

Cell phone:

Office phone:

Hours available:

**If applicable, number of 24/7 emergency hotline on your campus**:

**If your institution has emergency policies/protocols in place, kindly indicate so here and send CGE a copy along with this completed form**:

**Additional emergency information regarding your group of which CGE should be aware**:

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Minneapolis, MN 55454

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Fax. 612-330-1695

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