

Last Name: _____

Does UC have permission to talk with your emergency contact regarding matters outside of an emergency? Yes ☐ No ☐

To use the travel insurance:

ACE/ Europ Assistance

Phone: (outside US call collect) 1.202.8285896

(inside US) 1.866.451.7606

OPS@europassistance-usa.com

Plan #: 01AH585

Insured: University of California

Policv#: ADD NO4223822

Global Poverty & Practice Student Travel Profile

Personal Information

Legal Name: _____ E-mail _____ *The one you will actually be checking!*

Passport #: _____ Country of Passport: _____

VISA Information: _____

US Citizen yes ☐ no ☐ If no country of origin: _____

Emergency Contact in US:

Name	Phone	E-Mail	Relationship
------	-------	--------	--------------

Secondary Emergency Contact:

Name	Phone	E-Mail	Relationship
------	-------	--------	--------------

Other important #s (note most toll-free #s do not work internationally.)

	Phone (google)	(office)	Fax	E-mail
Blum Center	510-859-3594	510.643.5316	1.510.666.9128	gppminor@berkeley.edu

Bank	_____	_____	_____
------	-------	-------	-------

Credit Card	_____	_____	_____
-------------	-------	-------	-------

Airline	_____	_____	_____
---------	-------	-------	-------

Travel Information

Please include all connections

Depart				Arrive		
Date	Time	City	Airline/Flight	Date	Time	City

Accommodation

Dates	Type (hotel, hostel, home stay, etc.)	Contact Information (e-mail, phone)
-------	---------------------------------------	-------------------------------------

Original: Self

Copy 1: GPP Minor

Copies 2&3: Two trusted people in US include this form, prescriptions, passport, itinerary, and important medical records