

International

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Please feel free to contact us if you have any questions or concerns. We are available to assist you!

Below, please complete the Emergency Contact Information section of this document. This information is collected to assist you in case of an emergency.

Emergency Contact Information

Your Name:	Student ID#:	
Name of Contact:	Relationship:	
Mailing Address:		
Email:	Phone:	
emergency situation, such as a medi-	onfidential. The emergency contact information will only local issue. The Lakehead University International staff wition. At the end of your studies at Lakehead University, thistroyed.	ill be the only people with the
To authorize the use of this information	on in case of emergency:	
Signature:	Date:	
Personal information on this form is o	collected under the authority of sections 12 and 14 of the	Lakehead University Act.