

Fill this form out, make copies (see below) and take it with you for emergencies!

	Phone #	Fax #	Email
Personal Physician	_____	_____	_____
Medical Insurance	_____	_____	_____
Bank	_____	_____	_____
Credit Card	_____	_____	_____
Calling Card	_____	_____	_____
Airline/Travel Agent	_____	_____	_____
Academic Advisor	(920)424-_____	(920)424-_____	_____@uwosh.edu
Financial Aid Officer	(920)424-_____	(920)424-_____	_____@uwosh.edu
Registrar	(920)424-_____	(920)424-_____	_____@uwosh.edu
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

****Don't record only toll-free numbers, since these are generally inaccessible internationally.**

Addresses:
 (Department Name)
 UW Oshkosh
 800 Algoma Blvd.
 Oshkosh, WI 54901
 U.S.A.

Web Sites:
 Office of Int'l Education www.uwosh.edu/oie/oie.html
 US Dept of State <http://www.state.gov/>

Medical Insurance Policy # _____ Dates of Coverage _____ Company Name _____
 Airline _____ Reservation Dates/Numbers _____
 Passport Number _____ Date of Issue _____ City of Issue _____
 Visa Information _____
 Traveler's Check #'s \$10's _____ - _____ \$25's _____ - _____ \$50's _____ - _____ \$100's _____ - _____
 UW Oshkosh Course Registration Date _____ Housing Application Deadline _____

- Attach:
- Copy of Prescriptions (using generic names)
 - Copy of Passport (picture page plus any pages which have updated information)
 - Copy of Itinerary (with telephone numbers where you can be reached daily)
 - Copy of Important Medical Records (vaccination dates, etc.)

Leave a Copy of This Completed Form and of Each Attachment with Someone Back Home!