

**ECU OFFICE OF INTERNATIONAL AFFAIRS PARENT/GUARDIAN COMMUNICATION FORM  
PRIMARY CONTACT**

I authorize the Office of International Affairs or the Program Director to communicate with my parent/guardian regarding all issues involving my study abroad experience. This may include, but is not limited to, student account information, student conduct issues, health and safety, or academics. I expressly waive any privacy rights I may otherwise have under FERPA and HIPAA. Such contact may occur before, during or after the program. **(To the student:** If your parents/guardians are providing financial support to you during the study abroad period, it is essential that we have your permission to communicate with them.)

Name(s)			
Street Address	City	State	Zip
Home Phone Address	Work phone	E-mail	

I do not give the Office of International Affairs or the Program Director permission to communicate with my parents. Please communicate with the emergency contact(s) below instead. This may include, but is not limited to, student account information, student conduct issues, health and safety, or academics. I expressly waive any privacy rights I may otherwise have under FERPA and HIPAA. Such contact may occur before, during or after the program.

Name(s)	Relationship to you		
Street Address	City	State	Zip
Home Phone	Work phone	E-mail Address	

I do not wish to waive my privacy rights under FERPA and HIPAA. I understand that if I do not provide this information ECU may be unable to help me.

\_\_\_\_\_  
Student Name (print)

\_\_\_\_\_  
Student number

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date