

Questionnaires

✔ You are viewing the current version (version #11) of 2. *Communication Authorization*.

Note: this is a read-only view of the questionnaire.

2. Communication Authorization:

Instructions:

Throughout the study away process, the CSA has opportunities to communicate with students' families. We send parents two communications regarding your study away participation, one focused on pre-departure preparation and the other on billing and program expenses. In addition, sometimes family members may contact us with specific questions about your participation in study away or about your program.

Federal guidelines and Macalester policies protecting your privacy limit what information Center for Study Away staff can share with anyone besides you. This questionnaire allows you to identify specific individuals (i.e. parent/guardian, sibling, partner) with whom CSA staff can communicate regarding your participation in study away.

Contact the Center for Study Away with any questions (studyaway@macalester.edu (mailto:studyaway@macalester.edu)).

(*) Indicates the question is required.

1. Authorization for Communication (*)

Do you give permission for the Center for Study Away staff to share information about your study away program with individuals specified by you on this form?

Please select one



2. First authorized person: Name

3. First authorized person: Relationship to you

4. First authorized person: Email



5. First authorized person: Primary Phone number

Please indicate if this is a landline or mobile phone number.

6. First authorized person: Secondary phone number

Please indicate if this is a landline or mobile phone number.

7. First authorized person: Physical Address

Enter full mailing address including city, state or country.

4000 characters left

8. First authorized person: Additional Information

Is there anything else we should know in communicating with this individual (preferred contact method, specific communication needs, etc.)?

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9. Second authorized person: Name

10. Second authorized person: Relationship to you

11. Second authorized person: Email

12. Second authorized person: Primary Phone number

Please indicate if this is a landline or mobile phone number.

13. Second authorized person: Secondary phone number



Please indicate if this is a landline or mobile phone number.

14. Second authorized person: Physical Address

Enter full mailing address including city, state or country.

4000 characters left

15. Second authorized person: Additional Information

Is there anything else we should know in communicating with this individual (preferred contact method, specific communication needs, etc.)?

4000 characters left

Cancel

