

International Students & Programs

California State University, Bakersfield

Student Emergency Information (Please Print Clearly)

Term: _____
Student Name: _____ Date of Birth: _____
Social Security / CSUB ID #: _____ Sex: Male ____ Female ____
Bakersfield Address: _____
City: _____ State: _____ Zip Code: _____
Bakersfield Telephone: _____ Bakersfield Fax: _____
Email Address: _____ Runnermail: _____
Country of Citizenship: _____ Native Language: _____

Emergency Notification

LOCAL (Bakersfield) PERSON TO CONTACT IN CASE OF EMERGENCY

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____ Fax: _____
Email Address: _____ Relationship: _____

HOME COUNTRY PERSON TO CONTACT IN CASE OF EMERGENCY

Name: _____
Address: _____

Home Phone: _____ Cell Phone: _____ Fax: _____
Email Address: _____ Relationship: _____

***If you have moved once or more since you came to CSUB, please check here:** _____

Signature: _____ Date: _____

Please complete and return this form as soon as possible to:

(Joy) Qian Zhao, Advisor
International Students & Programs
California State University, Bakersfield
9001 Stockdale Highway
Bakersfield, CA 93311-1099
Tel: (661) 654-6113
Fax: (661) 654-6914

Date Rec'd

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