



Study Abroad Participant Contact Consent

As a UMass Boston Study Abroad or Exchange participant, I consent to allow release of information (i.e. program location, type, duration, etc.) by the Office of International & Transnational Affairs at the University of Massachusetts, Boston.

The following information may be shared:

Name: _____
UMB ID#: _____
(for identification purposes only)

Telephone number: _____

Major / Minor: _____

UMB e-mail address: _____

Personal e-mail address: _____

This information may be shared with the following:

UMass Media (no phone or email will be shared)

UMass Boston Faculty and/or Staff

Program or Host Institution Faculty and/or Staff

Interested future study abroad students

Students from your host school/country

All of the above

I do not consent to have my contact information released

Printed Name of Participant

Signature of Participant

Date