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