

**WHEATON COLLEGE
 CENTER FOR GLOBAL EDUCATION
 COMMUNICATION APPROVAL FORM
 2006-2007**

As you begin your relationship with the Center for Global Education, it is important that you communicate information to your parents/guardians about the study abroad program details, academics, financial components, as well as your health and wellness arrangements that may need to be made before, during, or after your time abroad. There may be circumstances where the Center staff may need to discuss a variety of matters with your parents or guardians. Please read the following statements and check the box which informs the Center for Global Education and it's constituents of what information we can discuss with parents/guardians.

I authorize the Center for Global Education and/or the Resident Director to communicate with my parents/guardians 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.

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

I do not give the Center for Global Education and/or the Resident Director permission to communicate with my parents/guardians. 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		
Cell 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 the Center for Global Education and its constituents may be unable to help me in certain circumstances.

Student Name (print) Wheaton ID Number

Student Signature Date