

## IMMIGRATION DOCUMENT CHECK-IN BIOGRAPHICAL DATA FORM

Complete this form and submit it to the Office of International Relations.

Family Name \_\_\_\_\_ First Name \_\_\_\_\_

UAFS Student ID @ \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender  Male  Female

UAFS Email Address \_\_\_\_\_@g.uafs.edu Non-UAFS Email \_\_\_\_\_

Are you transferring to UAFS from another school in the United States?  Yes  No

Do you have a dependent (spouse or child) in the U.S.?  Yes  No

### Local (U.S.) Home Address

Update your address at the Records Office and notify the Office of International Relations within 10 days of changing your address.

U.S. Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone \_\_\_\_\_

### Permanent Home Country (Foreign) Address

Street Address \_\_\_\_\_

City \_\_\_\_\_ State/Region/Province \_\_\_\_\_

Postal Code \_\_\_\_\_ Country \_\_\_\_\_ Phone \_\_\_\_\_

### Emergency Contact Information

Indicate the person we should notify in case of an emergency. Select a parent or guardian if possible.

Name of Contact \_\_\_\_\_ Relationship to You \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State/Region/Province \_\_\_\_\_

Postal Code \_\_\_\_\_ Country \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Main Language(s) Spoken by Emergency Contact \_\_\_\_\_

### Office of International Relations use only

TASKS NEEDED	VISA TYPE	DOCUMENTS NEEDED	
<input type="checkbox"/> Transfer Pending I-20 <input type="checkbox"/> Transfer Completed I-20 <input type="checkbox"/> Change of Level I-20 <input type="checkbox"/> I-20/DS-2019 Correction/Edit <input type="checkbox"/> Other _____	<input type="checkbox"/> F-1 UAFS <input type="checkbox"/> J-1 UAFS <input type="checkbox"/> J-1 Non-UAFS Sponsor <input type="checkbox"/> Other _____	<input type="checkbox"/> I-20 or DS-2019 <input type="checkbox"/> U.S. Visa <input type="checkbox"/> Passport ID <input type="checkbox"/> Passport expiry	<input type="checkbox"/> I-94 (back) <input type="checkbox"/> I-94 (front) <input type="checkbox"/> Dependent docs

NOTES:

DATE: \_\_\_\_\_ OIR initials: \_\_\_\_\_