

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
<p>NOTES:</p> <p>DATE: _____ OIR initials: _____</p>			