

6. Friend or relative who has permission to discuss your file or to pick up your I-20:

Name: _____

Relationship (i.e. uncle, friend, etc): _____

Address: _____

City: _____ State: _____ Postal Code: _____

Telephone #: _____ Email: _____

7. Address if I-20 is to be mailed: (DCCCD does not send documents by courier service)

Name: _____

Address: _____

City: _____ State/Province: _____

Postal Code: _____ Country: _____

8. Family member or emergency contact in home country:

Name: _____

Relationship (e.g. uncle, friend): _____

Address: _____

City: _____ State/Province: _____

Postal Code: _____ Country: _____

Home Country telephone #: _____

Email: _____

Does this person speak English? ___ Yes ___ No If no, what language? _____

9. Are you currently in the U.S.? ___ Yes ___ No

If yes, state your current immigration status (F1, J1, etc) _____, and enclose copies of your immigration documents (I-94, I-20, I-797, etc).

IMPORTANT! Please read before signing.

Health Insurance is strongly recommended. Upon arrival, you may request a brochure with insurance policy information from the International Office.

Permission for Emergency Treatment: In the event of an emergency illness, accident, or injury I hereby grant permission for the DCCCD staff to give first aid and/or to call an ambulance to have me transported to a hospital at my expense.

Student's Signature: _____ Date: _____