

# INTERNATIONAL STUDENT & SCHOLAR SERVICES

University of Connecticut 2011 Hillside Road, Unit 1083; Storrs, CT 06269 Phone: 860-486-3855 Fax: 860-486-5800

Web: <http://www.iss.uconn.edu>

## International Student/Scholar Check-In Form

**IMPORTANT:** Please provide ALL of the information requested below. It is mandatory per the U.S. Citizenship and Immigration Services (USCIS) regulations. Failure to do so may jeopardize your immigration status. If you have any questions/clarifications please check with the International Student and Scholar Services (ISSS) staff.

### PERSONAL INFORMATION

Date \_\_\_\_\_

Name: \_\_\_\_\_  
Family Name First Name Middle or Other Names

Grad  Undergrad  Exchange/Non-Degree  ESL  Student Intern (J-1 only)  
 Scholar/Specialist/Staff

F-1  J-1 UCONN ID: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_  
mm/dd/yyyy

UConn Email Address: \_\_\_\_\_ Personal Email Address: \_\_\_\_\_

Local Residence Address (No P.O. Box or Department address. For Dorms, include Room # and Hall Name):

Street \_\_\_\_\_ Apartment # \_\_\_\_\_

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

Phone: \_\_\_\_\_ Your Date of arrival in US: \_\_\_\_\_  
mm/dd/yyyy

**Emergency Contact:** *Person to contact in case of emergency. Need not be in the U.S. English speaking is preferred.*

Name of Contact Person: \_\_\_\_\_  
Family Name First Name

Relationship to You: \_\_\_\_\_

In U.S.  Outside U.S. Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### DEPENDENT INFORMATION

Do you have your dependent(s) with you in the U.S.?  Yes  No

\*\*I have completed this from accurately and upon arrival at the University of Connecticut. I have provided ISSS with copies of the following documents:

- |  |   |
|--|---|
| <input type="checkbox"/> Passport Biographical Page with the Expiration Date | <input type="checkbox"/> I-20/DS-2019 (F-1 and J-1 only)    |
| <input type="checkbox"/> Visa Stamp/Page                                     | <input type="checkbox"/> Proof of insurance (J-1 only)      |
| <input type="checkbox"/> I-94 Card/Online I-94 Admission Record              | <input type="checkbox"/> Dependent(s) immigration documents |
| <input type="checkbox"/> Entry Stamp in Passport                             |   |

Signature: \_\_\_\_\_

**IMPORTANT NOTE:** Please notify immediately in writing of any changes in the data listed on this form to ISSS.

THANK YOU FOR YOUR COOPERATION!!

**F-1 FERPA Release**

Name of Student: \_\_\_\_\_

Student ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I, the undersigned, hereby authorize the University of Connecticut (“UConn”) to release the following records comprising my immigration file, which may include:

- SEVIS record data
- Financial support documentation
- Immigration document copies (passport, visa, I-20 Form, I-94, EAD, etc)
- Academic records
- Admission records

to the following people, for the purpose of discussing issues related to my legal F-1 status in the U.S. (please choose all that apply):

\_\_\_\_\_ Parent(s) or Legal Guardian  
*Name(s):* \_\_\_\_\_

\_\_\_\_\_ Financial Sponsor  
*Name(s):* \_\_\_\_\_

\_\_\_\_\_ Friend/Other  
*Name(s):* \_\_\_\_\_

I understand further that (1) I have the right not to consent to the release of my education records (except under the terms of 8 CFR 214.3(g) for the purpose of determining nonimmigrant status); (2) I have the right to receive a copy of such records upon request.

\_\_\_\_\_  
Student’s Signature

\_\_\_\_\_  
Date

This information is released subject to the confidentiality provisions of appropriate state and federal laws and regulations which prohibit any further disclosure of this information without the written consent of the person to whom it pertains, or as otherwise permitted by such regulations.

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