



Check-In Form

Name: _____
Family Name *Given Name* *Middle Name*

School: _____

Date of Birth: ____ / ____ / ____ Email: _____
mm *dd* *yyyy*

Visa Status: F-1 J-1 H-1B O-1 TN L-2
 F-2 J-2 H-4 EB-1 TD Other: _____

Your U.S. Address Information*

Street Address: _____

City, State: _____ Zip Code: _____

Home Telephone: _____ Cell Phone: _____

Emergency Contact Information (Inside the U.S.)

Contact Name*: _____ Relationship to you: _____

Street Address: _____

City, State/Province, Country, Postal Code: _____

Telephone*: _____ Email*: _____

Emergency Contact Information (Outside the U.S.)

Contact Name*: _____ Relationship to you: _____

Street Address: _____

City, State/Province, Country, Postal Code: _____

Telephone*: _____ Email*: _____

***Required information**