

PERSONAL DATA F-1 VISA STUDENT

Name _____
Family/Last _____ Given/First _____ Middle _____

Local Street Address _____ Apt # _____

City _____ State _____ Zip Code _____

Telephone _____ Cell Phone _____
Area Code Phone Number Area Code Phone Number

Foothill ID Number _____ Date of Birth _____
month / day / year

Email _____

Married? Yes No Name of Spouse _____

EMERGENCY INFORMATION

Person to Contact in Case of an Emergency (in the United States)

Name _____

Relative Friend Roommate Other (Relationship) _____

Address _____ Apt # _____

City _____ State _____ Zip Code _____

Work Telephone _____ Home Telephone _____
Area Code Phone Number Area Code Phone Number

Do they Speak English? Yes No, they speak _____

Contact Person in your Home Country (if possible, someone who speaks English)

Name _____

Mother Father Other (Relationship) _____

Street Address _____

City / Province / Country _____

Work Telephone _____ Home Telephone _____
Country Code + Phone Number Country Code + Phone Number

Do they Speak English? Yes No, they speak _____

Agent Name / Agency (optional) _____

In the case of emergency, I agree that Foothill College may contact and release information about me to a family member, financial sponsor, referring agent or other party designated by me as an emergency contact on my Personal Data: F-1 Visa Student Form.

Signature _____ Date _____