



Completion of this form is required for new F-1 students. Form must be completed and returned to ISS no later than 5pm on the last day of the [Drop/Add period](#). Remember to report future changes of this information within 10 days of the change.

Full Name *(as listed on passport)*: _____

Preferred Student Name *(preferred first/last name)*: _____

Home Country Contact Information:

Home Street Address *(non-US)*: _____ Apt./Unit#: _____ City: _____

Province/Territory: _____ Country: _____ Postal Code: _____

Home Phone: *(country code)* + _____ *(number)* Alternate #: _____

US Contact Information:

I live *(check one)*: ___ Off-Campus ___ On-Campus

If on-campus provide correct address format:

First Name Last Name
4540 Polytechnic Circle, Room# _____
Lakeland, FL 33805

US Street Address: _____

Apt./Room/Unit: _____ City: _____

State: _____ Zip: _____

Cell Phone: _____ Alternate Phone #: _____

Personal Email: _____

Emergency Contact Information: Point of contact for emergency situations while studying in the US *(such as, but not limited to, death, severe injury or illness, natural disasters, etc.)*.

Full Name: _____ Relationship to Student: _____

Full Address: _____

Phone # *(with country code)*: _____ Email: _____

IMPORTANT: Emergency contacts will be notified only in emergency situations. If you wish to authorize Florida Poly to legally discuss specific detailed information with your emergency contact or other individuals, under the [Family Educational Rights and Privacy Act \(FERPA\)](#) you are required to complete the [Student Information Release Authorization](#) and **submit it in person** to the Registrar's Office *(with a valid photo ID)*. If you wish to revoke a FERPA authorization for any individuals, you gave access to you must submit a new FERPA request *(see FERPA policy [here](#))*.

STUDENT CERTIFICATION

I have read, understand, and will follow all immigration regulations applicable to maintain my F-1 status. I understand that I am responsible for being aware of immigration regulations and failure to comply will adversely affect my ability to continue to study.

I understand that I am responsible for reporting **any changes to the DSO within 10 days of the change** and will contact my DSO if I need further guidance or have questions pertaining to how to maintain my status.

Student Signature/Date: _____