



SEVIS Data Intake Form Valdosta State University

Center for International Programs

ADDRESS 204 Georgia Avenue • Valdosta, GA 31698-0037 • E-MAIL iss@valdosta.edu
PHONE 229.333.7410 • FAX 229.245.3849 • WEB www.valdosta.edu/iss/

Student Information — ALL FIELDS ARE REQUIRED

Date of Birth _____ VSU ID # 870 _____ Visa Type F-1 J-1
MM/DD/YYYY

Name _____
Family/Last/Surname First/Given Name Nickname/Preferred Name

Degree Sought Bachelor's /Undergraduate Master's Doctorate Exchange

Your first semester at VSU: Fall Spring Summer _____
Year

Write your street address below, no PO Boxes. If you live on-campus, please write down your residence hall and room # as well.

Local Address _____
Street Address Apartment or Room #

Local Phone # _____
City State Zipcode Include the area code

Phone # (Home Country) _____ Include the area/country code

All future official VSU communications will be sent to your VSU e-mail, please make sure to check your VSU e-mail regularly.

Personal E-mail _____

Marital Status Single Married Other _____ (# of)

Do you have any dependents in the US? No Yes, I have my spouse and/or _____ child(ren).

If you have any dependents with you, please do not forget to present their passports, visa and either I-20 or DS-2019 to us for copying.

EMERGENCY CONTACT INFORMATION — ALL FIELDS ARE REQUIRED (DO NOT LIST FRIENDS/ROOMATES AS EMERGENCY CONTACTS)

Name _____
Family/Last/Surname First/Given Name

Address _____
Street Address

Town/City _____ State/Province _____ Country _____ Zipcode/Postal Code _____

Phone # _____ E-mail _____
Include the country/area code

Relationship to Emergency Contact Father Mother Brother Sister Guardian Other _____

AUTHORIZATION TO RETRIEVE ELECTRONIC I-94 INFORMATION — PLEASE SIGN NEXT TO THE STATEMENT

I am giving my consent for a representative (ex. International Student Advisor/ Exchange Student Advisor) from the Center for International Programs to retrieve my electronic I-94 record for my file to assist me with completing my check-in process. I understand that any information retrieved will not be shared beyond this office without my consent.

OTHER INFORMATION— OPTIONAL

Any medical conditions that we need to know about? If yes, please list them below:

NOTE: Please make sure that you have completed your check-in process with us. This includes submission of this form and the student agreement form, allowing us to copy your passport, visa, I-20/DS-2019, and providing us with a copy of your I-94 form if you did not give us consent to retrieve your I-94 record information. We cannot register your SEVIS record until you complete your check-in, and may cause you to be out-of-status.