

IMMIGRATION CHECK-IN FORM

Family/Last Name: _____ Given/First Name: _____

UWB Student ID#: _____ U.S. Phone Number: _____

Are you accompanied by dependents on an F-2 visa? No Yes* (provide visa & I-94 info)

EMERGENCY CONTACT INFORMATION: (Either a family member/friend in the U.S. or outside the U.S.)

Name of Contact: _____ Relationship to You: _____

Contact's Phone Number: _____ Contact's Email: _____
Include Country Code

Languages Spoken by Contact: _____

STUDENT CERTIFICATION:

IMMIGRATION MATTERS:

- I understand that the UW Bothell Center for International Education employees are not immigration lawyers. I understand that I am responsible for understanding the rules and regulations governing my F1 visa status, and the application process and rules for all work benefits, such as CPT and OPT.
- I have read and agree to comply with the terms and conditions of my admission and those of any extension of stay as specified on my UW Bothell I-20.
- I certify that all information provided on my UW Bothell I-20 refers specifically to me and is true and correct to the best of my knowledge. I certify that I seek to enter or remain in the United States temporarily, and solely for the purpose of pursuing a full course of study at UW Bothell.
- I authorize UW Bothell to release any information from my records which is needed by INS pursuant to 8 CFR 214.3(g) to determine my nonimmigrant status.

UNIVERSITY OF WASHINGTON PERSONAL RELEASE:

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- The use may be in composite or modified forms and in any media, now known or later developed, including without limitation newspapers, television, radio, the World Wide Web, and social media.
- The use may be for any purpose throughout the world and in perpetuity, including, without limitation, education, trade, advertising, and promotion.

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Student's
Signature: _____ Date: _____