
Section 4 – Delivery Information

Select how you would like to receive your **Acceptance Packet** and **SEVIS Form I-20**:

☐ **Mail to a U.S. address** (standard mail) ☐ **Mail to a foreign address** (express mail) ☐ **Office Pickup**

IF MAIL, please print the name and address clearly, exactly as it should appear on the mailing envelope

Last Name

First Name

Middle Name

Street/Number

City

State/Province

Country

ZIP or Postal Code

IF OFFICE PICK-UP, who will pick up the Acceptance Packet and SEVIS Form I-20?

☐ I will pick up the Acceptance Packet and SEVIS Form I-20 myself

☐ I authorize the following person to pick up the Acceptance Packet and SEVIS Form I-20 on my behalf:

Last Name

First Name

(_ _ _) _ _ _ - _ _ _
Home Phone Number

(_ _ _) _ _ _ - _ _ _
Mobile Phone Number

Email Address

Section 5 – Emergency Contact

Please provide the contact information for the person who we should notify in case of an emergency.

Contact Name:

Last Name

First Name

Relationship to Applicant

Contact Address:

Number and Street

City

State

ZIP or Postal Code

(_ _ _) _ _ _ - _ _ _
Home Phone Number

(_ _ _) _ _ _ - _ _ _
Mobile Phone Number

Email Address

Section 6 – Signature

I certify that the information reported in this form is accurate and truthful to the best of my ability and knowledge.

Student's Signature

Date

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