



521 Lancaster Avenue • Whitlock 455, CPO 69  
Richmond, KY 40475  
Phone: 859-622-1478 • Fax: 859-622-1552  
Email: [international@eku.edu](mailto:international@eku.edu)  
<http://www.international.eku.edu>

## IMMIGRATION CHECK-IN FORM

*U.S. immigration regulations require that all F-1 and J-1 students must check-in with the Office of International Student & Scholar Services (OISSS) upon their arrival at Eastern Kentucky University (EKU). To check-in, turn in this Immigration Check-In Form with your:*

- Passport
- Form I-20 or DS-2019
- I-94 record, available from <https://i94.cbp.dhs.gov/I94/request.html>

### PERSONAL INFORMATION

Family Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Country of Citizenship \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year  
 EKU ID Number \_\_\_\_\_ EKU Email \_\_\_\_\_  
 Other Email \_\_\_\_\_ Phone # \_\_\_\_\_

### Local U.S. Address (Where you currently live in Richmond or surrounding area).

Street Address \_\_\_\_\_ Apartment/Room # \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### Foreign Address (in your country): \_\_\_\_\_

City \_\_\_\_\_ Country \_\_\_\_\_  
 Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

### SPONSORSHIP & HEALTH INSURANCE

Are you a sponsored student? (Meaning your education is being paid by your government or other organizations).  YES  NO.

If you answered YES to the above question, does your sponsor provide you with health/medical insurance?  
 YES  NO. If YES, submit your health insurance card with the rest of the documents during check-in.

**DEPENDENT INFORMATION**

Dependents are your spouse or children accompanying you to the United States. Please fill out dependent information below and submit their immigration documents along with yours.

Are you married?  Yes  No.

If married, is your spouse with you in the U.S.?  Yes  No

Do you have a child or children with you in the U.S.?  Yes  No. If yes, how many children \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

*Please provide emergency contact of at least two people if possible. It is preferable if one of these persons speaks English.*

**In the United States (if any):** If you don't know anyone in the U.S., please enter the name of someone in your country.

Family Name \_\_\_\_\_ First Name \_\_\_\_\_

Relationship to you \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

State/Province/Region \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Language(s) Spoken \_\_\_\_\_

**In Your Home Country**

Family Name \_\_\_\_\_ First Name \_\_\_\_\_

Relationship to you \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

State/Province/Region \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Language(s) Spoken \_\_\_\_\_

***In case of emergency, I authorize EKU to release any relevant information to my emergency contacts.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_