



UNIVERSITY OF
LA VERNE

CONTACT INFORMATION FORM

Please provide all the information requested on this form. If this information changes, please inform our office **within 10 days**, as required by U.S. federal law. Failure to report your change of address could threaten your status. We must have copies of your passport page, visa page, and I-94 on file. If you have not presented us with these documents, please submit them to the OISE.

Today's Date: _____

FAMILY Name: _____ FIRST Name: _____

Date of Birth (MM/DD/YY): _____ La Verne ID #: _____

U.S. Phone #: _____ SEVIS ID#: _____

La Verne Email: _____ Personal Email: _____

Current U.S. Address: _____

Home Country Address: _____

► **International students are required to report a change of address to the OISS within 10 days of move.**

Emergency Contact Information

Name of person in **U.S.** to contact in case of emergency: _____

Phone #: _____ Email: _____

U.S. Street Address: _____

Name of person in **home country** to contact in case of emergency: _____

Phone #: _____ Email: _____

Street Address (if different from home country address): _____

Office of International Services & Engagement

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