

Personal Information Sheet				Student ID: @	
Section I: Biographic <i>(Please print your name exactly as it is spelled on your passport)</i>					
Surname (Last Name):		First Name:		Middle Name:	
Date of Birth (Month/Day/Year): ___/___/___		Gender: <input type="radio"/> Male <input type="radio"/> Female		Marital Status: <input type="radio"/> Single <input type="radio"/> Married	
Are you currently with your spouse or dependents? <input type="radio"/> Yes <input type="radio"/> No		If Yes, submit your dependent(s)' immigration documents to us at the time of your immigration check-in.			
Section II: Current and Local Address in San Antonio Area					
Street address: <i>(for example, 15801 Chase Hill Blvd)</i>				Apartment number if any:	
City:	State: Texas	Zip Code:	US Telephone:	Email Address:	
If you do not provide your current local address, the Orientation HOLD will not be removed from your student account and you cannot register for classes. After you read and understand this local address requirement, please check [<input checked="" type="checkbox"/>] the box. <input type="checkbox"/>					
Section III: Immigration Information					
Visa Type: <input type="radio"/> F-1 <input type="radio"/> J-1 <input type="radio"/> Other: _____		SEVIS ID: <i>(For F-1/J-1 students only)</i> N_____		I-20/DS-2019 Expiration Date: ___/___/___ <small>(Month/Day/Year)</small>	
Visa Start Date: ___/___/___ <small>(Month/Day/Year)</small>		Visa Expiration Date: ___/___/___ <small>(Month/Day/Year)</small>		Passport Number:	
Passport Expiration Date: <small>(Month/Day/Year)</small> ___/___/___		I-94 Number: _____		I-94 Expiration Date: <input type="radio"/> D/S <input type="radio"/> ___/___/___ <small>(Month/Day/Year)</small>	
Section IV: Emergency Contact Information (in USA or in your home country, if not available in U.S.)					
Surname (Last Name):		First Name:		Relationship to you:	
Address:		City:		State/Province:	
Country:		Telephone:		Email Address:	
Student Acknowledgement:					
<ul style="list-style-type: none"> • By law you are required to report any change of your address to International Student Services (ISS) within 10 days of such change. • This information is collected for university administrative and emergency purposes and is not intended for any commercial use. • Please sign below to acknowledge that information you entered is true and correct, and to your best knowledge. 					
Signature: _____			Date: (Month/Day/Year) ___/___/___		
For Office Use Only					
<input type="checkbox"/> Banner <input type="checkbox"/> SOAHOLD <input type="checkbox"/> GOAINTL		<input type="checkbox"/> ISSM <input type="checkbox"/> Hold		Comments: _____ _____ _____	
<input type="checkbox"/> SPAPERS <input type="checkbox"/> SOAINTL		<input type="checkbox"/> CUSTOM <input type="checkbox"/> FORMS <input type="checkbox"/> NOTE <input type="checkbox"/> ADDRESS <input type="checkbox"/> ADDRESS <input type="checkbox"/> EMRG. CONTACT		<input type="checkbox"/> ADDRESS <input type="checkbox"/> MISSING <input type="checkbox"/> DOCS <input type="checkbox"/> PHONE <input type="checkbox"/> SCAN <input type="checkbox"/> Double Check	