



Please complete all fields. This information is necessary and required for your student and immigration records. When you check-in, provide us with this completed form AND: your passport (with I-94 or Port of Entry Stamp and F-1 Student Visa inside) and your current I-20. Please write CLEARLY. **ALL SECTIONS ARE MANDATORY.** Personal & Contact Information: Complete the fields with your information. Print your name as it appears in your passport.

Personal & Contact Information: Complete the fields with your information. Print your name as it appears in your passport.			
Family Name/Surname		First Name	
Date of Birth (mm/dd/yyyy)		SMC Student ID Number	
Major		Local U.S. Telephone	
U.S. Address <input type="checkbox"/> Hostel/Hotel	Street Number/Name		Apt Number
	City	State	Zip Code
Home Country Address	Street Number/Name		Apt Number
	City/State	Zip Code	Country
Personal email address			
Counseling Agreement: Please read the statement and sign below. Education Code Section 72621 provides that any information of a personal nature disclosed by a student twelve years of age or older in the process of receiving counseling from a school counselor is confidential. <i>In order to best assist me as an SMC student, I agree that information of a person nature that I share with an SMC counselor may be noted in my confidential counseling file and may be accessed by other SMC counselors.</i>			
Student Signature		Today's Date (mm/dd/yyyy)	
Ethnicity: Please check the box below that best describes your ethnicity.			
Hispanic? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Mexican	<input type="checkbox"/> Asian Indian
		<input type="checkbox"/> Laotian	<input type="checkbox"/> Asian Other
		<input type="checkbox"/> Samoan	
<input type="checkbox"/> African American		<input type="checkbox"/> Central American	<input type="checkbox"/> Chinese
		<input type="checkbox"/> Cambodian	<input type="checkbox"/> Guamanian
<input type="checkbox"/> American Indian		<input type="checkbox"/> South American	<input type="checkbox"/> Japanese
		<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Pacific Islander
<input type="checkbox"/> White		<input type="checkbox"/> Hispanic Other	<input type="checkbox"/> Korean
		<input type="checkbox"/> Filipino	Other
			Above
Emergency Contact Information: Please list the people and/or organizations to be contacted in case of emergency.			
Home Country	Full Name		Relationship
	Email		Telephone
	Mailing Address		
	City/Province	Zip	Country
USA	Full Name		Relationship
	Email		Telephone
	Mailing Address		
	City, State	Zip	Country United States
<i>In the event of an emergency, I authorize Santa Monica College to contact the persons or organizations listed above, and to release any information concerning my whereabouts, condition, and all other information pertaining to my status at Santa Monica College. This consent may be revoked at any time, but the revocation will not affect any action already taken in accordance with this consent.</i>			
Student Signature		Today's Date (mm/dd/yyyy)	
If you choose not to authorize release of your information, please check the box below.			
<input type="checkbox"/> I do not authorize the release of my information under any circumstances.			

Keep your information updated in Corsair Connect or stop by the IEC to update your record with any changes.