

# Northeast Iowa Community College International Student Contact Form

## Student Information:

**Please Print Clearly.**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

U.S. Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

U.S. Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Health Insurance: \_\_\_\_\_

## Emergency Contact:

### 1. In Home Country

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Country: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

### 2. In the U.S.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Release of Information

*By my signature below, I authorize Northeast Iowa Community College to contact the above individual(s) in case of an emergency.*

Printed Name of Student: \_\_\_\_\_

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

**Once completed, please submit all the required materials to the campus you plan to attend:**

### Northeast Iowa Community College

Attn: Admissions Office

8342 NICC Drive

Peosta, IA 52068

Fax: 563.557.0347

### Northeast Iowa Community College

Attn: Admissions Office

1625 Hwy 150 South

P.O. Box 400

Calmar, IA 52132

Fax: 563.562.4369