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**JH Sponsored Check-In Form****Immigration Status:**

F1    J1    J1-ECFMG    H1B    TN    O1    E3

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**Biographical Information**

Last Name:  Given Name(s):   
Date of Birth:  Gender  Male  Female  
Residential Address in the US:  Apt#:   
City:  State:  Postal Code:   
Phone Number:  E-mail Address:

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**Emergency Contact Information**

Please provide the name of a family member and/or friend who the OIS may contact in the case of an emergency involving you and/or any member of your immediate family accompanying you in the U.S. The emergency contact person(s) will be notified in the event of serious injury, hospitalization, death, etc. If possible, please provide a contact within the United States as well.

Name of Contact:  Relationship to you:   
If English is not native language:   
Phone Number:  E-mail Address:

Name of Contact:  Relationship to you:   
If English is not native language:   
Phone Number:  E-mail Address:

I hereby authorize the Office of International Services of Johns Hopkins to contact the above named individual(s) in the event of an emergency involving me and/or any members of immediate family accompanying me.

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

Date:

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**JHU Sponsored Nonimmigrants**

I understand that it is my responsibility to maintain my lawful immigration status while in the U.S. If I have any questions  about these responsibilities I will seek guidance from an advisor in the OIS for further information. I hereby authorize the Office of International Services to access my I-94 Arrival and Departure records as needed to verify my status.

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

Date:

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**OIS Notes**