

International Student Office  
**Application for SEVIS Form I-20**

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## Section 4 – Delivery Information

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Select how you would like to receive your Acceptance Packet and SEVIS Form I-20:

**Mail to a U.S. address** (standard mail)

**Mail to a foreign address** (express mail)

**Office Pickup**

**IF MAIL**, please print the name and address clearly, exactly as it should appear on the mailing envelope

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Street/Number

\_\_\_\_\_  
City

\_\_\_\_\_  
State/Province

\_\_\_\_\_  
Country

\_\_\_\_\_  
ZIP or Postal Code

**IF OFFICE PICK-UP**, who will pick up the Acceptance Packet and SEVIS Form I-20?

I will pick up the Acceptance Packet and SEVIS Form I-20 myself

I authorize the following person to pick up the Acceptance Packet and SEVIS Form I-20 on my behalf:

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

( \_ \_ \_ ) \_ \_ \_ - \_ \_ \_ \_  
Home Phone Number

( \_ \_ \_ ) \_ \_ \_ - \_ \_ \_ \_  
Mobile Phone Number

\_\_\_\_\_  
Email Address

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## Section 5 – Emergency Contact

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Please provide the contact information for the person who we should notify in case of an emergency.

**Contact Name:** \_\_\_\_\_

\_\_\_\_\_ 54 (opdd)09e)-1.1 t(547(m)134 (m)3.5

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## Section 6 – Signature

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I certify that the information reported in this form is accurate and truthful to the best of my ability and knowledge.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

Suffolk County Community College International Student Office,  
533 College Road, Selden, NY 11784-2899 USA Phone: (631) 451-4773 Fax: (631) 451-4708