

International Center - University of North Florida

Personal Data Form

Visa Classification (Check One): F J

Student information

UNF Student ID Number: _____

Family name: _____ First name: _____ Middle name: _____

Date of Birth: ____/____/____ (mm/dd/yyyy)

Sex (Check one): Male Female Country of citizenship: _____

U.S. phone number: _____ Home country phone number: _____

Non-UNF e-mail address: _____

Complete only if you are living off-campus

Physical address: _____ Street _____ Apartment Number (if applicable) _____

City: _____ State: _____ Zip Code: _____

Mailing address (if different from physical address): _____ P.O. Box _____ City _____ State _____ Zip Code _____

Complete only if you are living on-campus

On-campus address: _____ Room: _____ Bedroom: _____
Area (Fountains only)

Mailing address: _____

Emergency contact

Name: _____ Relationship: _____

Address: _____

Phone Number: _____ E-mail address: _____

Student certification

By printing my name below, I am stating that the information on this form is correct.

Name: _____ Date: _____

**U.S. law requires address notification within 10 days of change of address
Notify the International Center every time you change your address**