

Dependent Record Form

Please print clearly

_____		_____		_____	
Dependent's (Spouse's) Last/Family Name		First Name		Date of Birth (mm/dd/yy)	
<input type="checkbox"/> Husband of	_____		_____		_____
<input type="checkbox"/> Wife of	Student's (Principal's) Last Name/Family Name		First Name		Student ID #
Local Residence:					
_____		_____	_____	_____	
House Number, Street		Apt.	City	State and Zip Code	
_____		Do you speak English?		<input type="checkbox"/> Not at all	<input type="checkbox"/> Limited
Mobile Telephone				<input type="checkbox"/> Fluently	
_____ Would you like to join the ISRC's Family Email List?					
Email Address		<input type="checkbox"/> Yes		<input type="checkbox"/> No, Thank You	
Children:					
_____	_____	_____	_____	_____	_____
Last Name	First Name	Male	Female	Date of Birth (mm/dd/yy)	
1.					
2.					
3.					

In addition, to this form, please attach copies of the following immigration documents for EACH dependent:

1. front and back of I-94 card or I-94 print out and admission stamp from passport
2. nonimmigrant visa
3. passport (including the renewal page, if necessary)
4. the stamped I-20 or DS-2019
5. approval notice for change of status (if any of the dependents changed status to F-2 or J-2)