



OAKLAND
COMMUNITY
COLLEGE

INTERNATIONAL STUDENT EMERGENCY INFORMATION

Student Name _____
Last First Middle

U.S. Address _____

U.S. Home Phone Number _____ Cell Phone Number _____

Name of Parents or family member in native country _____

Address in Native Country _____
Street Name & House Number Apartment Number

City State/Province/District Country Postal Code

International (home) Telephone Number _____

Native Language _____

Medical Insurance (name of company) _____

EMERGENCY CONTACT IN THE U.S.

Name _____

Relationship to Student _____

Address _____
Street and House Number City State Zip Code

Home Phone Number _____

Business Phone Number _____ Cell Phone Number _____

Do you have any special medical conditions that we should be aware of for your safety? _____

I am allergic to: _____