

Northeast Iowa Community College International Student Contact Form

Student Information:

Please Print Clearly.

First Name: _____ Last Name: _____

U.S. Street Address: _____

City: _____ State: _____ Zip: _____

U.S. Telephone: _____

Email: _____

Health Insurance: _____

Emergency Contact:

1. In Home Country

First Name: _____ Last Name: _____

Relationship: _____

Street Address: _____

City: _____ State/Country: _____ Zip: _____

Telephone: _____

Email: _____

2. In the U.S.

First Name: _____ Last Name: _____

Relationship: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Cell Phone: _____

Email: _____

Release of Information

By my signature below, I authorize Northeast Iowa Community College to contact the above individual(s) in case of an emergency.

Printed Name of Student: _____

Student Signature: _____ Date: _____

Once completed, please submit all the required materials to the campus you plan to attend:

Northeast Iowa Community College

Attn: Admissions Office

8342 NICC Drive

Peosta, IA 52068

Fax: 563.557.0347

Northeast Iowa Community College

Attn: Admissions Office

1625 Hwy 150 South

P.O. Box 400

Calmar, IA 52132

Fax: 563.562.4369