INTERNATIONAL STUDENT CENTER
EMERGENCY CONTACT FORM

At least one contact is required. To update any contact information, please submit a new Emergency Contact Form to the International Student Center. Please type or write legibly in blue or black ink.

STUDENT INFORMATION		
LATTC Student ID Number:	**LACCD E-mail:**	
Last Name (Surname):	**First Name:**	**Middle Name:**
Country of Birth:	**City of Birth:**	**Country of Citizenship:**
Date of Birth: (MM/DD/YYYY)		
Permanent Contact in Home Country		
Last Name:	**First Name:**	**Middle Name:**
Relationship to the student:	**Language(s) they speak:**	
Street Address:	**Apt. Number:**	
City:	**State:**	**Zip Code:**
E-mail Address:	**Phone Number:**	
Contact in the United States (if any)		
Last Name:	**First Name:**	**Middle Name:**
Relationship to the student:	**Language(s) they speak:**	
Street Address:	**Apt. Number:**	
City:	**State:**	**Zip Code:**
E-mail:	**Phone Number:**	
Verify all the details of every emergency contact before submitting.		
Student Signature:	**Date:** (MM/DD/YYYY)	

OFFICE USE ONLY	
Processed by:	**Date:**

Revised 04/25 RG; I drive: Forms and Supplemental Documents