



Today's Scholars. Tomorrow's Leaders.

American Secondary Schools for International Students and Teachers

ASSIST Representative Registration

We are very enthused to work with you in the year ahead as the ASSIST Representative for your school. While we work actively with a number of colleagues on most campuses, we have found that having a primary point of contact is helpful for both ASSIST and the school. It is also a requirement of the U.S. Department of State. *Please complete, sign and return this form to ASSIST.*

As part of your orientation, we have provided the following booklets and application materials that will support you in your role as the ASSIST representative.

- Guiding our Partnership: A Manual for ASSIST Representatives
- The ASSIST Brochure
- Important Information and Understandings for ASSIST Students
- Information and Orientation for Host Families
- Host family application materials

The U.S. Department of State also mandates that all representatives working directly with an international exchange student must submit to a criminal background check.* To do so, we ask that you please provide your social security number, name, and date of birth in the designated area below. The information received is maintained in the strictest confidence.

Name of School _____

For the Academic Year _____ / _____

ASSIST Rep Name _____
First Middle Last

Home Address _____
Number/Street City/Town State/Province Zip

Home Phone _____ Home E-mail _____

Work Phone _____ Work E-mail _____

My signature below acknowledges that I have received and read the orientation materials noted above.

*I also give permission to ASSIST to conduct a criminal background check.**

Signature _____ Date _____

Social Security Number _____ - _____ - _____ Date of Birth _____
Month/Day/Year

*If a current (past 12 months) background check has already been conducted as part of your school employment process, please provide a statement from the Head of the School on the school's letterhead confirming this fact.

We extend our sincere thanks for your responses and cooperation.

ASSIST • P.O. Box 969 • Suffield, CT 06078 • 860-668-5706 • Fax 860-668-5726 • www.assist-inc.org • assist@assist-inc.org

Revised 04/10