

Travel & Letter Request Form

For Endorsement of Form I-20 or DS-2019 or Letter Request

Please also provide:

- Passport(s) with visa
- I-94 Card
- I-20 or DS-2019
- Medical Insurance
- OPT Card & Job Offer Letter (if any)

Last Name	First Name	Date of Birth	
Street Address	City	State	Zip
<input type="checkbox"/> This is a new address and my file needs to be updated			

If you are in F-2 or J-2 status, please provide spouse's information:

Last Name	First Name	Date of Birth	
------------------	-------------------	----------------------	--

I am currently enrolled in ____ credits I am taking ____ online credits

Visa Status: _____

ALCP **Undergraduate** **Graduate** **J-1 Scholar**

(circle one)

I have valid and appropriate medical insurance coverage: **Yes** **No**

Travel Request

1. Passport Expiration Date: _____
 o **I plan to renew my passport while abroad:** **Yes** **No**
2. Visa Expiration Date: _____
 o **I plan to renew my visa while abroad:** **Yes** **No**
3. Destination(s) of Travel _____
4. Date of Departure _____ Date of Return _____
5. **My travel dates are approximations:** **Yes** **No**

Neither I nor any member of my family has violated the conditions of our visa status. I certify that, to the best of my knowledge, all information provided on this form is current and accurate.

Signature	Date
------------------	-------------

Letter Request (please print clearly)

- I am requesting:
- Letter to verify my F-1 Student Status
 - Letter to assist my dependents to join me in the U.S. in F-2 or J-2 visa status (see below)
 - Letter to assist my family in obtaining a B-2 Visitor's Visa to visit me in the U.S. (see below)

Name	Relationship	Date of Birth

Dependent Travel Information

My family has different travel dates: Departure _____ Return _____

Last Name	First Name	Date of Birth	Relationship
1. Passport expiration date: _____			
2. Visa expiration date: _____			
3. Will renew passport while abroad		Yes	No
4. Will renew visa while abroad		Yes	No
5. Has valid and appropriate medical insurance		Yes	No

Last Name	First Name	Date of Birth	Relationship
1. Passport expiration date: _____			
2. Visa expiration date: _____			
3. Will renew passport while abroad		Yes	No
4. Will renew visa while abroad		Yes	No
5. Has valid and appropriate medical insurance		Yes	No

Last Name	First Name	Date of Birth	Relationship
1. Passport expiration date: _____			
2. Visa expiration date: _____			
3. Will renew passport while abroad		Yes	No
4. Will renew visa while abroad		Yes	No
5. Has valid and appropriate medical insurance		Yes	No

Last Name	First Name	Date of Birth	Relationship
1. Passport expiration date: _____			
2. Visa expiration date: _____			
3. Will renew passport while abroad		Yes	No
4. Will renew visa while abroad		Yes	No
5. Has valid and appropriate medical insurance		Yes	No