

Document Request Form

STUDENT INFORMATION

To be completed by the student

Family Name: _____ Given Name: _____

Student ID #: _____ Email: _____ Cell #: _____

U.S. Address: _____

City: _____ State: _____ Zip Code: _____

Visa Type: F-1 J-1 Major: _____

Degree: Bachelor's Master's PhD Non-Degree

TYPE OF REQUEST

To be completed by the student

I-20 or DS 2019 Travel Signature

Est. Departure Date: _____ Est. Arrival Date: _____

Updated I-20 or DS 2019 (Select all that apply):

Lost or Damaged

Change of Major New Major Name: _____

Effective Term: Quarter _____ Year _____

Other: _____

Letter of Verification (Select all that apply):

Status

Concurrent Enrollment

Military

Individual Tax Identification Number (ITIN)/ No Employment

Other: _____

Transfer Out (Please attach Admissions Acceptance Letter)

New School Name: _____

New School's SEVIS Code: _____

Requested SEVIS Record Release Date: _____

Reason for Transfer out: _____

Reset SEVP Portal Account

ADDITIONAL COMMENTS