



# I-20 Travel Signature Request

\_\_\_\_\_  
Name (Last name, Given name)

\_\_\_\_\_  
Student ID Number

\_\_\_\_\_  
Contact information outside of U.S.

\_\_\_\_\_  
Date of Travel

\_\_\_\_\_  
Date of Return

Destination of Travel, and the reason

Did you register the classes?  YES, \_\_\_\_\_ Credit Hours for \_\_\_\_\_ (Term)  
 No. (Please Register Classes)

**Signature Request Notice:**

- Complete this form to guarantee that you will have your travel signature in a timely manner.
- Attach your **most recent I-20** with this form
- Your I-20 will be available for pick up after *1 day and we will email you.*

X \_\_\_\_\_ X  
Student Signature and Date