



Family Name (Last Name)

Given Name (First Name)

Date of Request, Travel, and Return. (Label  
Accordingly)

Student ID Number

Lewis E-mail Address

Phone Number

**Signature Request Notice:**

- Complete this form and follow the instructions 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 *12 p.m. next week of the same day* (Note: If the week after you drop off your I-20 is holiday, ISS office will email you when your I-20 is ready to pick up.)

**Form Waiver:**

*I understand that the letter I am requesting may contain personal information including my legal status and address(es). I understand that in order for my request to be processed Inorder to pick up the document(s) in person, I understand that I will need to present my student ID card as proof of identity.*

X

X

Student Signature

# Sample Filled out Form



International  
Student's Services

**I-20**  
**Travel Signature Request**

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Imma

**Family Name (Last Name)**

Student

**Given Name (First Name)**

Request - 23 June 2016, Travel - 4 July  
2016, Return - 3 August 2016

**Date of Request, Travel, and Return. (Label  
Accordingly)**

L211XXXXXXXX

**Student ID Number**

immastudent@lewisu.edu

**Lewis E-mail Address**

(xxx) - xxx - xxxx

**Phone Number**

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