

DOCUMENT REQUEST FORM

Student Information			
Family Name:		Given Name:	
Cell #:	Student ID #:	Major:	
U.S. Address: <i>(Street Number and Name, Unit #, City, State, Zip Code)</i>			
Degree:		Visa Type:	
Bachelor's	Masters	PhD	Exchange Student
		J-1	F-1
Reason for Request			
<input type="radio"/> I-20 or DS 2019 Travel Signature Est. Departure Date: _____ Est. Arrival Date: _____			
<input type="radio"/> Updated I-20 or DS 2019 – Check the ones apply: <ul style="list-style-type: none"> <input type="radio"/> Lost or Damaged <input type="radio"/> Change of Major: <i>New Major Name:</i> _____ <li style="margin-left: 40px;"><i>Effective as of - Quarter:</i> _____ <i>Year:</i> _____ <input type="radio"/> Other: (Explain your request in the comment box) 			
<input type="radio"/> Letter of Verification – Check the ones apply: <ul style="list-style-type: none"> <input type="radio"/> Status <input type="radio"/> Concurrent Enrollment <input type="radio"/> Military <input type="radio"/> Individual Tax Identification Number (ITIN)/ No Employment <input type="radio"/> Other: (Explain your request in the comment box) 			
<input type="radio"/> Transfer Out (Please attach admissions acceptance letter) New School Name: _____ New School's SEVIS Code: _____ Requested SEVIS Record Release Date: _____ Reason for Transfer out: _____			
<input type="radio"/> Reset SEVP Portal Account			
Comments: 			