

I-20 Travel Signature Request Form

Fill out this form, **COMPLETELY**

Please allow at least one week for your I-20 to be signed. Take this completed form and your ORIGINAL I-20 to the International Student Office **7 days** before your trip.

PERSONAL and ADDRESS INFORMATION

Student ID#: _____

Name: _____
Family Name/Surname/Last Name Given Name/First Name Middle Name (if any)

Current U.S. Address: _____
Street Number Street Name Apartment Number

City State Zip Code

Local U.S. Telephone Number: (_____) Home Cell
Area Code Phone No.

E-mail address: _____

HEALTH INSURANCE INFORMATION

Do you have the required health insurance? Yes No (*Health insurance is required for the current or next semester*)

Will you be studying at LBCC next semester? Yes No (*We recommend that you register in all of your classes before you travel to avoid any errors in the system from your home country*)

CURRENT MAJOR/TRAVELING INFORMATION

Current Major: _____ **DATES** of travel: (From: _____ To: _____)
Date: _____ Date: _____

WHERE are you traveling to: _____

Student Signature: _____ Date: _____

For Office Use Only

Health insurance is valid for the required period _____ Expired: _____

I-20 is valid _____ Expired: _____ Passport is valid _____ Expired: _____

Visa is valid _____ Expired: _____ Units OK _____ Under 12 units

(I-20 Approved on: _____)

Additional Notes: _____

