

Travel Signature Request Form (For Graduates on Post-Completion OPT)

INSTRUCTIONS: Please mail this completed form to the OISS along with your latest I-20 and any dependent I-20s (the originals) at least 1 month prior to your departure date.

OPT Participant's Name: _____
(Last/Family) (First/Given)

Personal E-mail: _____ Phone: _____

Approximate Date of U.S. Departure: _____ Approximate Return Date: _____

Current Physical Address in the U.S. where you want the I-20 to be mailed:

Mailing Address in the U.S.: _____
(If different from above)

Current Employer (Company/Organization): _____

Employer's Address: _____

Employer's Phone: _____

Dates of Employment: From: _____ Until: _____

Authorized OPT Period on EAD: From: _____ Until: _____

Has your employer filed an H-1B or another application on your behalf? Yes: ___ No: ___

If yes, on what date was the application filed? _____ Status? _____

► Signature: _____ Today's Date: _____ (LJ, 10/1/12)