



DOCUMENT REQUEST FORM

Section A: Student Information		
LAST (FAMILY) NAME in Passport:		FIRST NAME in Passport:
DATE OF BIRTH (mm/dd/yyyy)	DU ID Number:	
I hereby authorize the release of any information necessary for this request and authorize any changes needed to complete my request.		
STUDENT SIGNATURE:		DATE:
<input type="checkbox"/> I will pick up my documents myself	OR	<input type="checkbox"/> I cannot pick up my documents and have attached the Mailing or Pick Up Authorization Form with this Request

ISSS sends all official communications, including important information about your immigration status, to your official @du.edu email address. It is important that you check this account regularly. For information regarding your DU e-mail, visit <http://www.du.edu/uts/helpdesk/docs/email.html>.

SECTION B: Please Indicate Document(s) Needed:	
General Requests: <input type="checkbox"/> Certification for a Social Security Number for On-campus Employment* *Refer to the ISSS website: http://www.du.edu/iss/employment/ssn.html for instructions and sample employer letter. <input type="checkbox"/> Colorado Connection Letter for Department of Motor Vehicles <input type="checkbox"/> Travel Signature on I-20/DS-2019 Dates leaving and returning to the U.S. (mm/dd/yy): ____ / ____ / ____ to ____ / ____ / ____ <input type="checkbox"/> Other (please list): _____	
Requests for F-1 Students Only: <input type="checkbox"/> New I-20 (Complete Part C on back) <input type="checkbox"/> Economic Hardship Employment Authorization (Please meet with ISSS Advisor)	Requests for J-1 Students Only: <input type="checkbox"/> New DS-2019 (Complete Part C on back) <input type="checkbox"/> Economic Hardship Employment Authorization (Please meet with ISSS Advisor)

If all supporting information is accurate, documents will normally be prepared in 3-4 business days.

COMPLETE REQUIRED PAGE 2 ONLY IF YOU HAVE REQUESTED A NEW I-20/DS-2019

FOR OFFICE USE ONLY		
Assigned To:	Processing Checklist:	Processing Notes
_____	<input type="checkbox"/> Enrollment checked by _____ <input type="checkbox"/> GA processed ____ / ____ / ____ <input type="checkbox"/> ISA processed ____ / ____ / ____	

COMPLETE REQUIRED SECTIONS BELOW ONLY IF YOU HAVE REQUESTED A NEW I-20/DS-2019

SECTION C: Reason for Requesting New I-20/DS-2019

- Re-entry to US after absence of more than 5 months: Expected date of re-entry: ____/____/____ (Complete **Part D**)
- Replacement: Reason for Replacement: Lost Stolen Damaged
- Addition of dependents (spouse/children): Expected date of entry to U.S.: ____/____/____ (Complete **Parts D & E**)
- Out of status: Please make an appointment with an ISSS advisor
- Change of status: From (status): _____ To (status): _____ Expected Completion Date ____/____/____ (Complete **Part D**)
- Transfer back/return to DU from another school: Expected start date at DU: ____/____/____
(Complete **Part D**; in addition, email iss@du.edu about your transfer)
- Change in: Major Legal name Citizenship Source of funding (Please complete **Part D**)
 Dependent information (Please complete **Part E**)

*Refer to the ISSS website: <http://www.du.edu/iss/visa-immigration> for instructions and forms

SECTION D: Financial Information

Submit financial documents less than 12 months old to verify funds for the next academic year or length of program, if shorter. The amount of funding required varies by program. Please see an advisor if unsure how much funding is needed.

Source of funds (check all that apply)

- Personal Funds \$ _____
- Family/Third-Party Funds* \$ _____
- University of Denver Name of Department/Unit: _____ \$ _____
- Employer* _____ \$ _____
- Student's Government Name of Sponsoring Agency: _____ \$ _____
- Other* Name of Sponsor: _____ \$ _____
- Other* Name of Sponsor: _____ \$ _____

* If you have funding other than personal funds, please have the person providing the funding sign the following statement and provide the funding documents as described above or supply a financial guarantee letter from your financial sponsor.

Statement of Guaranteed Funding

I, _____, certify that funding in the amount(s) indicated above will be available to support the student named in Part A during his/her program at the University of Denver.

Signature of Guarantor _____ Date _____

SECTION E: Dependent Information

If your dependents (spouse and/or unmarried children under 21 years old) will come to the U.S. in F-2 or J-2 status, you must provide evidence of sufficient financial support prior to the issuance of Form I-20/Form DS-2019 (\$3,960 per academic year for each dependent). **Please submit copies of dependents' passport ID pages.**

	Spouse	Child 1	Child 2	Child 3
Family Name from passport				
First Name from passport				
Middle Name from passport				
Date of Birth (mm/dd/yyyy)				
City and Country of Birth				
Country of Citizenship				
Country of Legal Residence				
	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Male