

**TEXAS SOUTHERN UNIVERSITY**  
OFFICE OF INTERNATIONAL STUDENT AFFAIRS  
3100 CLEBURNE STREET  
HOUSTON, TEXAS 77004  
PHONE: (713) 313-4229 · FAX (713) 313-7471  
**DOCUMENT REQUEST FORM**

PLEASE PRINT CLEARLY

Student ID # \_\_\_\_\_ SEVIS ID#: \_\_\_\_\_ REQUEST DATE: \_\_\_\_\_

NAME: \_\_\_\_\_  
*Family Name (LAST NAME)      Given Name (FIRST NAME)      (MIDDLE NAME)*

PHONE: (\_\_\_\_) \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

US ADDRESS: \_\_\_\_\_ Is Address NEW? \_\_\_\_\_  
*# & STREET NAME      Apt #      CITY      STATE      ZIP-CODE*

ADDRESS IN HOME COUNTRY: \_\_\_\_\_  
*STREET #      CITY      ZIP CODE      COUNTRY*

REQUEST: \_\_\_\_\_

**PLEASE CHECK ONE:**

- PLEASE MAIL THE DOCUMENT(S) REQUESTED TO MY MAILING ADDRESS
- I WOULD LIKE TO PICK UP THE DOCUMENT(S) REQUESTED

**PROGRAM OF STUDY – PLEASE CHECK ONE**

- UNDERGRADUATE STUDENT
- GRADUATE STUDENT
- I AM A NEW STUDENT
- I AM A CONTINUING STUDENT
- I AM NOT AN INT'L STUDENT

**LETTER(S) REQUESTED – AVAILABLE AFTER 1 P.M. IN THREE BUSINESS DAYS FROM DATE OF REQUEST**

- LETTER TO OBTAIN A SOCIAL SECURITY NUMBER
- LETTER OF INVITATION (LIST EMBASSY) \_\_\_\_\_
- CONCURRENT LETTER**
  - o School Name \_\_\_\_\_ Session \_\_\_\_\_ / \_\_\_\_\_ Hours \_\_\_\_\_ / \_\_\_\_\_

**IMMIGRATION DOCUMENT(S) REQUESTED – AVAILABLE 1 P.M. THREE DAYS FROM DATE OF REQUEST**

- SEVIS I-20 TO REPLACE OLD OR LOST I-20
- WORK AUTHORIZATION
- SHORTEN I-20
- EXTEND I-20
- SEVIS I-20 FOR F-2 DEPENDENT(S) (SPOUSE OR CHILD) – PLEASE COMPLETE DOCUMENT REQUEST FORM PAGE 2

**TRAVEL SIGNATURE REQUESTED – AVAILABLE AFTER 1 P.M. THREE BUSINESS DAYS FROM DATE OF REQUEST**

- SIGNATURE FOR SEVIS I-20      DATE YOU ARE PLANNING TO TRAVEL: \_\_\_\_\_

*I authorize the university to verify the information I have provided. I agree to notify the proper officials of any changes in the information and certify that the information on this request is complete and correct.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DOCUMENT REQUEST FORM**  
**PAGE 2**

YOU **MUST** SUBMIT THE FOLLOWING **ADDITIONAL PRINTOUTS** FOR SEVIS I-20 AND SEVIS DS-2019 REQUEST FOR DEPENDENTS

1. COPY OF MARRIAGE CERTIFICATION WITH AN OFFICIAL ENGLISH LANGUAGE TRANSLATION IF THE DOCUMENT REQUEST IS FOR A DEPENDENT CHILD. YOU MUST SUBMIT PROOF OF RELATIONSHIP.  
Example: BIRTH CERTIFICATE OF CHILD
2. ORIGINAL FINANCIAL DOCUMENTS SHOWING THE TOTAL AMOUNT IN #7 OF YOUR I-20 PLUS \$5,000 FOR EACH DEPENDENT
3. COMPLETE THE FAMILY INFORMATION BELOW

**DEPENDENT #1**

LAST NAME: \_\_\_\_\_  
FIRST NAME: \_\_\_\_\_  
GENDER:  MALE     FEMALE  
RELATIONSHIP TO YOU:  HUSBAND     WIFE     DAUGHTER     SON  
COUNTRY OF CITIZENSHIP: \_\_\_\_\_  
COUNTRY OF BIRTH: \_\_\_\_\_  
CITY OF BIRTH: \_\_\_\_\_  
COUNTRY OF PERMANENT RESIDENCE: \_\_\_\_\_  
PERMANENT ADDRESS: \_\_\_\_\_  
(ADDRESS IN HOME COUNTRY  
HOME ADDRESS IN THE U.S. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DEPENDENT # 2**

LAST NAME: \_\_\_\_\_  
FIRST NAME: \_\_\_\_\_  
GENDER:  MALE     FEMALE  
RELATIONSHIP TO YOU:  HUSBAND     WIFE     DAUGHTER     SON  
COUNTRY OF CITIZENSHIP: \_\_\_\_\_  
COUNTRY OF BIRTH: \_\_\_\_\_  
CITY OF BIRTH: \_\_\_\_\_  
COUNTRY OF PERMANENT RESIDENCE: \_\_\_\_\_  
PERMANENT ADDRESS: \_\_\_\_\_  
(ADDRESS IN HOME COUNTRY  
HOME ADDRESS IN THE U.S. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I authorize the university to verify the information I have provided. I agree to notify the proper officials of any changes in the information and certify that the information on this application is complete and correct. I understand that submission of false information is grounds for application withdrawal of any offers of acceptance and/or cancellation of enrollment from the university.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_