**LOS ANGELES CITY COLLEGE**
**INTERNATIONAL STUDENT PROGRAM**

# TRAVEL SIGNATURE REQUEST FORM

_____

**Today's Date** **Student ID Number** **SEVIS ID Number**

_____

**Last Name** **First Name** **Middle Name**

_____

**Local U.S. Address** **Apartment Number**

_____

**City** **State** **Zip Code**

_____

**Phone Number** **Cell Phone Number** **E-mail Address**

**Please answer the following questions:**

**I am currently enrolled for the: Fall _____ Spring _____**

**Did you pay your tuition & fees for the current semester? Yes _____ No_____**

**Are you currently on OPT? Yes _____ No_____**

**If Yes, please provide the dates: From: _____ To: _____**

**I-20 expiration date: _____**

**Emergency Contact Information: _____ _____**
**Name** **Phone Number**

**_____**
**Relationship**

**For Winter and Summer Travel only:**
Did you enroll in classes for the upcoming semester? Yes _____ No _____

**Important Notice: Students MUST submit a copy of their new I-94 form and passport at the International Student Center upon arrival. You may print your I-94 form from the DHS web site at www.cbp.gov**

_____ _____
**Student Signature** **Date**