

## REQUEST FOR TRAVEL SIGNATURE

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LMU ID#/Social Security #: \_\_\_\_\_

Today's Date: \_\_\_\_\_

( ) Mr. ( ) Ms. \_\_\_\_\_  
Family Name First Name email address

Local Address: \_\_\_\_\_  
(Complete if any changes) # & Street Apt # City Zip Code

Telephone: ( ) \_\_\_\_\_ Major: \_\_\_\_\_

First Semester at LMU: \_\_\_\_\_  
Semester/Year

Expected Graduation Date: \_\_\_\_\_

Number of Units currently taking THIS semester: \_\_\_\_\_

(If graduation date is different from original I-20, you must submit a verification letter from your Academic Advisor regarding the new expected date of completion of studies.)

(If Applicable) How many units have you registered for next semester? \_\_\_\_\_

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When does your passport expire? \_\_\_\_\_

When does your visa expire? \_\_\_\_\_

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If traveling, please complete: Traveling Destination: \_\_\_\_\_

Departure Date: \_\_\_\_\_ Return Date: \_\_\_\_\_

\_\_\_\_\_ Traveling Alone

\_\_\_\_\_ Traveling with \_\_\_\_\_

\_\_\_\_\_ PLEASE MAIL (Attach a self-addressed stamped envelope for U.S. address or \$20 check payable to LMU-OISS for home-country express mail delivery.)

**Your Signature:** \_\_\_\_\_