Language Center International

Request for I-20

\square Mr. \square Mrs. \square Ms.		
Student's E-mail address		
Family Name/Surname (as it appears in your passport)		
First Name (as it appears in your passport)		
Middle Name (as it appears in your passport)		
Date of Birth (month/day/year)		
Gender Male Female		
Country of Birth		
Country of Citizenship		
City of Birth		
Foreign Address (Please write clearly) Street City Province Postal Code/Zip Code Telephone number (include country code)	Country	
U.S. Address (If living in the U.S.)		
Street		Apt
City	State	
Zip Code		
Telephone		
Program Start Date		

	Initial Attendance (no pre	evious I-20)						
	School Transfer							
	Name of School							
	Reinstatement							
	Program Extension - My current status is							
	0.1							
	Add Dependents to my I-20 (Please write dependent(s) name(s) below)							
	Last Name	First Name	Date of Birth	Country of Birth	Relationship			
Federal Regulations requires that LCI only releases an I-20 directly to the student. For students aged 18 and under LCI may also release only to the student, a parent, or legal guardian. Sponsors, family members, and agents may not receive the I-20 on behalf of the student.								
When my l	[-20 is ready.							
When my I-20 is ready, □ Pick-up: I am currently in the U.S								
	All I-20's must be sent/released directly to the student. You may select the carrier of your choice using LCI's shipping company, eShip Global. We will provide information on how to receive your I-20 once it is ready for shipment.							
	Email to my email addres	ss listed on this form.	We can only send the	e I-20 directly to the	student.			
Student's Signature Date								
LCI STAF	F USE ONLY							
Application	lication Reviewed by Date							
	l up/Mailed on							

Reason for I-20 (Please check all that apply)