

AUTHORIZATION FOR I-20 PICK-UP FORM

To be completed by student:

Please read this form carefully and complete all sections. No I-20 will be released without completion of ALL sections of this form.
Student Name:
E-mail Address:
Student Signature:
Date:
Name of Person Picking Up I-20:
Relationship to Student:
Phone Number:
E-mail Address:
I request that my I-20 be released to
Student Name Person who will pick-up I-20 on or after: / Month Date Year
Signature of Person Picking-Up I-20: (to be signed in-person when I-20 is picked up)

This form must be e-mailed directly from the student to the Office of International Affairs oia@louisiana.edu

Date