



Personal Information Required for Issuance of I-20 (confidential)

*Please print out in hard-copy format and accompany with copies of passport

Name: _____
Family name/Surname/Last name First name Middle Suffix

Gender: Male Female

U.S. Address:

Foreign Address:

Line 1 _____
Line 2 _____
City State ZIP Code

Line 1 _____
Line 2 _____
City Province/Territory
Postal Code Country

Date of Birth: _____ Place of Birth: _____
mm/dd/yyyy City Country

Country of Citizenship: _____

Email: _____ Phone Number: _____

Driver's License # (if applicable): _____ Issuing State (if applicable): _____

Social Security # (if applicable): _____

To request F-2 dependents on your I-20, please complete the following information:

Full Name: _____ Family First Middle Date of Birth: _____ (mm/dd/yyyy) Country of Birth: _____ Country of Citizenship: _____ Relationship to F-1: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Full Name: _____ Family First Middle Date of Birth: _____ (mm/dd/yyyy) Country of Birth: _____ Country of Citizenship: _____ Relationship to F-1: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Full Name: _____ Family First Middle Date of Birth: _____ (mm/dd/yyyy) Country of Birth: _____ Country of Citizenship: _____ Relationship to F-1: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Full Name: _____ Family First Middle Date of Birth: _____ (mm/dd/yyyy) Country of Birth: _____ Country of Citizenship: _____ Relationship to F-1: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female