

I-20 Replacement Request

Date of Request: _____

Full name: _____

Student ID #: _____

LDSBC Email Address: _____

Phone Number: _____

Explain the reason you need a replacement I-20: _____

Do you need a travel endorsement on your new I-20: Yes _____ No _____

Student Signature: _____

For Office Use Only:

_____ I-20 was reprinted

_____ Email was sent to student