



Part I. Student/Exchange Visitor's Information		
1. Family Name:	Given Name:	Middle Name:
2. Phone No.:	3. KID No.:	4. SEVIS ID No.:
5. Email Address:	6. Address:	
7. Nonimmigrant Status while at TAMUK: <input type="checkbox"/> F-1; <input type="checkbox"/> J-1; <input type="checkbox"/> H-4; <input type="checkbox"/> Other. If other:		
8. Degree:	9. Major:	
10. Department:	11. College:	
12. Last Date you attended TAMUK:		
Part II. Type of Document		
13. I hereby request a copy of my: <input type="checkbox"/> Form I-20; <input type="checkbox"/> Form DS-2019; <input type="checkbox"/> Passport; <input type="checkbox"/> Other. If other:		
14. I made this request, because: <input type="checkbox"/> My document was lost/mutilated <input type="checkbox"/> My document was stolen <input type="checkbox"/> Other. If Other:		
Part III. Mailing Instruction		
15. Please check one only. <input type="checkbox"/> OISSS will mail the document by Express Mail. Please following instruction on Form OISSS-01 , Express Mail Instruction <input type="checkbox"/> OISSS will mail the document via regular first-class US mail to the following address: Name _____ Address _____ <input type="checkbox"/> OISSS will contact _____ (name of the person) at _____ (Phone number or email address) for personal pick up (Photo ID is required at the pickup) <input type="checkbox"/> OISSS will email the documents to email address at _____		
Part IV. Submission Instruction & Signature		
16. Please submit complete and sign this form as well as a copy of receipt of Request for Archived Documents Processing Fee to OISSS. It takes 5 – 7 business days for OISSS to process your request. Once it is ready, we will follow your mailing instruction above.		
17. Signature:	18. Date:	