

## Travel Signature Request Form (For Graduates on Post-Completion OPT)

**INSTRUCTIONS:** Please mail this completed form to the OISS along with your latest I-20 and any dependent I-20s (the originals) at least 1 month prior to your departure date.

OPT Participant's Name: \_\_\_\_\_  
(Last/Family) (First/Given)

Personal E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Approximate Date of U.S. Departure: \_\_\_\_\_ Approximate Return Date: \_\_\_\_\_

Current Physical Address in the U.S.: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mailing Address in the U.S.: \_\_\_\_\_  
(If different from above) \_\_\_\_\_  
\_\_\_\_\_

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Current Employer (Company/Organization): \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer's Phone: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ Until: \_\_\_\_\_

Authorized OPT Period on EAD: From: \_\_\_\_\_ Until: \_\_\_\_\_

Has your employer filed an H-1B application on your behalf? Yes: \_\_\_\_ No: \_\_\_\_

If yes, on what date was the application filed? \_\_\_\_\_ Status? \_\_\_\_\_

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► Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

(LJ, 7/11/11)