



A.8 Travel Authorization Request Form

CFK advises you to take all of your transcripts, immigration, and financial documents with you when traveling. If you have any newly obtained documents upon your return please notify the International Student Office immediately.

Date of Request (MM/DD/YY): _____

Personal Information

Family Name: _____ **First Name:** _____

Local Telephone Number: _____ **Foreign Telephone Number:** _____

Email Address 1: _____ **Email Address 2:** _____

Country: _____ **Major/College:** _____

Travel Information

Please provide the following information so we can verify your information in SEVIS, make the necessary changes and process your travel I-20.

Destination: _____

Date of Departure: _____ **Date of Return to the United States:** _____

Current Local Address: _____

Current Foreign Address: _____

Date of Passport Expiration: _____ **Date of Visa Expiration:** _____

Your signature below confirms that the above information is correct and that you intend to return to CFK the following semester to continue studies.

Student's Signature: _____ **Date:** _____

Return form to the International Student Office:
The College of the Florida Keys
5901 College Road, Key West, FL 33040
internationalstudents@cfk.edu

For Office Use only:

Term/Year: _____ **SEVIS Expiration:** _____

PDSO or DSO Signature: _____ **Date:** _____