



Division of Global Affairs
**International Student and
Scholar Services**

Student's Signature

By affixing my signature to this document I, _____, authorize Kennesaw State University office of SEVIS administration to release my SEVIS I-20 to the person named below and by affixing my signature to this release I indemnify and hold harmless from any and all liability Kennesaw State University, its heirs, assigns or representatives, either stated or implied, for the loss or destruction of the I 20 prior to my receiving same.

Signature: _____

Date: _____

Information of Person to Receive Documents.

Please note, a picture ID will be necessary at the time of pick up.

Name: _____

Telephone Number: _____

Address: _____

Drivers License/Passport Number: _____

Return by post mail or email to:

SEVIS Compliance

Suite 1700, MD 9116

3391 Town Point Dr.

Kennesaw, GA 30144

SEVIS@kennesaw.edu



For ISSS Office Use Only:

Date picked up: _____

Released by: _____

ID verified by: Driver's License
 Passport
 Other: _____