

Florida Atlantic University (FAU) ~ Division of Student Affairs ~ International Student and Scholar Services

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ESTIMATE OF EXPENSES --- ISSS DOCUMENT REQUEST FORM

Print this document and submit it to the ISSS Boca Raton Office either in person or by fax 561 297 2446.

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_____ Date of Birth _____
LAST NAME FIRST NAME Month/Day Year

City of Birth: _____ Country of Birth: _____ Gender: Female Male

Local Address: _____

City/State: _____ Zip Code: _____ Phone: _____ Cell: _____

FAU Email: _____ FAU BANNER ID (Z#) _____

Major: _____ Current Visa Type: ___ F-1 ___ J-1 ___ Other (list here) _____

Degree Level: Bachelor's Master's Doctorate Scholar/Specialist Other (explain) _____

In the section below PRINT the name and address of the institution/embassy/bank, in which the letter should be addressed. Include any additional information or comments that you would like stated in the letter.

I hereby authorize the release of information required in the document specified above. If I am unable to pick up the document, I hereby authorize ISSS to release the document (with proof of identification) to: _____

Student's Signature

Date