



NOTE: PLEASE COMPLETE THIS FORM, SIGN AND EMAIL TO SOM ALUMNI RELATIONS OFFICE.

**VISA LETTER REQUEST FOR ALUMNI AND GUESTS**

FIRST NAME (LEGAL): \_\_\_\_\_ PREFERRED FIRST NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

CLASS OF: \_\_\_\_\_ SEPARATE LETTERS REQUIRED (Y/N): \_\_\_\_\_

DEGREE PROGRAM: \_\_\_\_\_ IS THE INVITATION FOR REUNION? \_\_\_\_\_

NAME AS IT APPEARS ON PASSPORT: \_\_\_\_\_

PLACE OF BIRTH (NATION/CITY): \_\_\_\_\_

BIRTH DATE: MONTH: \_\_\_\_\_ DAY: \_\_\_\_\_ YEAR: \_\_\_\_\_

PASSPORT COUNTRY OF ISSUANCE: \_\_\_\_\_

NATIONALITY: \_\_\_\_\_

PASSPORT NUMBER: \_\_\_\_\_

PASSPORT EXPIRATION DATE: \_\_\_\_\_

PLEASE PROVIDE THE FOLLOWING INFORMATION FOR THE GUESTS YOU WOULD LIKE TO INVITE.

RELATIONSHIP: \_\_\_\_\_

NAME AS IT APPEARS ON PASSPORT: \_\_\_\_\_

PLACE OF BIRTH (NATION/CITY): \_\_\_\_\_

BIRTH DATE: MONTH: \_\_\_\_\_ DAY: \_\_\_\_\_ YEAR: \_\_\_\_\_

LEGAL GENDER (MALE/FEMALE): \_\_\_\_\_

PASSPORT COUNTRY OF ISSUANCE: \_\_\_\_\_

NATIONALITY: \_\_\_\_\_

PASSPORT NUMBER: \_\_\_\_\_

PASSPORT EXPIRATION DATE: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

NAME AS IT APPEARS ON PASSPORT: \_\_\_\_\_

PLACE OF BIRTH (NATION/CITY): \_\_\_\_\_

BIRTH DATE: MONTH: \_\_\_\_\_ DAY: \_\_\_\_\_ YEAR: \_\_\_\_\_

LEGAL GENDER (MALE/FEMALE): \_\_\_\_\_

PASSPORT COUNTRY OF ISSUANCE: \_\_\_\_\_

NATIONALITY: \_\_\_\_\_

PASSPORT NUMBER: \_\_\_\_\_

PASSPORT EXPIRATION DATE: \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_