

## MAILING ADDRESS INFO

**Please provide your mailing address and telephone number to where you would like your I-20 sent.  
PLEASE NOTE: WE CANNOT SHIP TO P.O. BOXES. Either provide an alternate address or the address of  
the nearest UPS office to you.**

STREET NAME AND NUMBER: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE OR PROVINCE: \_\_\_\_\_

ZIP CODE OR POSTAL CODE: \_\_\_\_\_

COUNTRY: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_

COUNTRY OF CITIZENSHIP: \_\_\_\_\_