



ITIN Letter Request Form

In accordance with the requirements of the U.S. Internal Revenue Service’s June 22, 2012 interim procedures for the Form W-7 application, applicants must obtain a certification letter from a Student and Exchange Visitor Program (SEVP)-approved institution as a substitute for submission of the original identification documents with the Form W-7. The supporting documentation for establishing identity and foreign status are provided in Publication 1915, Understanding Your IRS Individual IRS Identification Number. A certification letter is required for each Form W-7 application.

ITIN applications should be mailed to the IRS by a SEVIS official (PDSO, DSO, RO, or ARO) of a SEVP-approved institution or exchange program. The Form W-7 application will be mailed by our office within 3 business days upon the receipt of a completed request.

Biographical Data			
Family Name:	First and Middle Name:	Birth Date:	
Email:		UNT ID:	
U.S. Street Address:			
City:	State:	Zip:	Phone #:
Country of Citizenship:		Immigration Status:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Current Degree Level:	Current Major:	Expected Graduation (Semester/Year):	

Submission Documents:
<p>Documents required for us to process and mail the Form W-7 application:</p> <p><input type="checkbox"/> Passport</p> <p><input type="checkbox"/> Visa</p> <p><input type="checkbox"/> I-20 or DS-2019</p> <p><input type="checkbox"/> Form W-7 application</p> <p><input type="checkbox"/> W-8BEN (only for claim of tax treaty benefits)</p> <p><input type="checkbox"/> UNT Scholarship Award Letter</p> <p><input type="checkbox"/> Non-compensatory Income Letter from the UNT Payroll Office</p> <p><input type="checkbox"/> Other supporting documents necessary to meet the Form W-7 application requirements (list below):</p> <p>_____</p> <p>_____</p>

I have fully completed the above information and understand the regulations regarding this process:
If I have any questions, I will consult with an ISSS Advisor.

Signature:	Date:
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