



**DEPARTMENT OF HOMELAND SECURITY**

Bureau of Citizenship and Immigration Services

Texas Service Center

Dallas, Texas

**Fax # (214) 962-1450**

**NAFSA INQUIRY**

**Date:** \_\_\_\_\_

**Form Type:** \_\_\_\_\_

**Date Filed:** \_\_\_\_\_

**SRC#\*** \_\_\_\_\_

**SEVIS#** \_\_\_\_\_

**Applicant** \_\_\_\_\_

(Please print last name/first name as it appears on form submitted)

**Date of Birth** \_\_\_\_\_

**Submitted by** \_\_\_\_\_

**Phone # ( )** \_\_\_\_\_ **Fax # ( )** \_\_\_\_\_

**Brief description of problem:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Do Not Write Below This Line**

---

**Date Received:** \_\_\_\_\_

**Response:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*\*Must include SRC#*