

Consulate letter request

This letter will confirm travel medical insurance limits and deductibles

Please allow 3-5 business days

Date

Name of requester as it shows on your Passport

First name

Last name

Contact information

Phone

Email address

DOB

Destination (please list all if multiple)

Travel Dates- Departure from and return to U.S.

List any specific insurance requirements

Please submit the completed form to The Office of Risk Management at
TTUSRM@ttu.edu